# \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning and c	ending		
B C	heck if pplicable:	C Name of organization		D Employer identifi	cation number
	Address change	Chamber of Commerce of the USA		person later and	
	Name change	Doing business as		53-0	045720
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1615 H Street NW	Room/suite	E Telephone numbe	463-5590
	termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	159251109.
	Amende	Washington, DC 20062-2000		H(a) Is this a group re	eturn
	Applica			for subordinates	····· — —
	pending	same as C above	r ,	H(b) Are all subordinates in	
I T	ax-exe	npt status: 501(c)(3) X 501(c) ( 6 ) (insert no.) 4947(a)(1) c	or 527	A 2 Th Charlest date of the Security of the Se	list. (see instructions)
JV	Vebsite	www.uschamber.com	I. v	H(c) Group exemptio	on number ►  M State of legal domicile: DC
K F	orm of o	organization: X Corporation Trust Association Other	L Year	or formation: 1313[N	M State of legal domicile: DC
Pa	rt I	Summary  Briefly describe the organization's mission or most significant activities: To ac	dvance	human prog	ress
8	1 E	through an economic, (Please see Schedule	e O fo	or the conti	nuation)
Activities & Governance		Check this box If the organization discontinued its operations or dispose			
Ver	1000			3	104
ő		lumber of independent voting members of the governing body (Part VI, line 1b)		10000000000000000000000000000000000000	102
90		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			429
iţi		otal number of volunteers (estimate if necessary)			0
cti		otal unrelated business revenue from Part VIII, column (C), line 12			301161.
۹.	1 d	let unrelated business taxable income from Form 990-T, line 34		7b	0.
			_	Prior Year	Current Year
ē	8 (	Contributions and grants (Part VIII, line 1h)		168339895. 2788297.	144865645. 3896913.
ē		Program service revenue (Part VIII, line 2g)		8608.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6944660.	The state of the s
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		178081460.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	1917-511 191	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	SOUTH OF THE PARTY		0.
		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		87474109.	86074125.
ses	50	Professional fundraising fees (Part IX, column (A), line 11e)	1	599996.	599996.
Expenses	1000	Fotal fundraising expenses (Part IX, column (A), line 25)	0.		
Ä	1/11/05	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		86739586.	73761711.
	34044 100	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	TERROR WILLIEGIS VOLUME	174813691.	160435832.
		Revenue less expenses. Subtract line 18 from line 12		3267769.	-1373665.
Ses			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		76089193.	65088425.
TAS I	21	Fotal liabilities (Part X, line 26)		111693338.	101751801.
		Net assets or fund balances. Subtract line 21 from line 20		-35604145.	-36663376.
Pa	art II	Signature Block		easts and to the heat of m	ov knowledge and helief it is
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	rents, and to the best of it	ly knowledge and belief, it is
true,	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ilicii preparci	i has any knowledge.	<del></del>
C:		Signature of officer	22-5	Date	
Sign		Stan M Harrell, SVP, CFO & CIO			
Her	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	Jennifer Rhoderick		if self-emplo	p00395735
	parer	Firm's name Ernst and Young U.S. LLP		Firm's EIN ▶	34-6565596
	Only	Firm's address 111 Monument Circle, Ste 4000		= 392	
		Indianapolis, IN 46204		Phone no. 31	7-681-7000
May	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
_					EMM1 (0047)

Form <b>8453-EO</b>	Exempt Organization Declaration and Signature for Electronic Filing	1	OM8 No. 1545-1879
	For celendar year 2017, or tax year beginning , 2017, and ending	. 20	2017
Department of the Treasury	For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868		2017
Internal Revenue Service  Name of exempt organizatio			
Marile of exempt organizatio	Chamber of Commerce of the USA		dentification number 0045720
Part 1 Type of Re	turn and Return Information (Whole Dollars Only)		
Check the box for the type of	of return being filed with Form 8453-EO and enter the applicable amount, if any, from	the return.	If you check the box on
line 1a, 2a, 3a, 4a, or 5a bek	ow and the amount on that line of the return being filed with this form was blank, ther	leave line	1b, 2b, 3b, 4b, or 5b,
whichever is applicable, blar	nk (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable lin	ne below. D	Oo not complete more
than one line in Part I.			
1a Form 990 check here			159062167
2a Form 990-EZ check her		2b	
3a Form 1120-POL check			
4a Form 990-PF check her			2.00
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	<u> </u>
Part II Declaration	n of Officer	-	
Treasury Financial institutions involve and resolve issues  If a copy of this reference executed the election (as specifically ide.  Under penalties of perjury, lefectronic return and accomfurther declare that the amount intermediate service provide (a) an acknowledgement of the date of any refund.	s return, and the financial institution to debit the entry to this account. To revoke a part Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlemed in the processing of the electronic payment of taxes to receive confidential information in the processing of the electronic payment of taxes to receive confidential information in the payment.  Itum is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Stronic disclosure consent contained within this return allowing disclosure by the IRS contified in Part I above) to the selected state agency(ies).  Idealare that I arm an officer of the above named organization and that I have examine panying schedules and statements, and, to the best of my knowledge and belief, the untrin Part I above is the amount shown on the copy of the organization's electronic return originator (ERO) to send the organization's return to receipt or reason for rejection of the transmission, (b) the reason for any delay in process.	ent) date. Ition neces State progr of this Forn d a copy o y are true, eturn. I cor the IRS at essing the	I also authorize the finance sary to answer inquiries am, I certify that I in 990/990-EZ/990-PF of the organization's 2017 correct, and complete. I issent to allow my and to receive from the IRS return or refund, and (c)
Sign Here Signature of or	~//. + arrell   11/7/18 ≥ SVP, CI	FO & C	CIO
PIEFE Signature of or	fficer N Date / Title		
Part III Declaration	n of Electronic Return Originator (ERO) and Paid Preparer (see inst	ructions)	
knowledge. If I am only a col return. The organization offic filed with the IRS, and have f for Business Returns. If I am accompanying schedules an	d the above organization's return and that the entries on Form 8453-EO are complete lector, I am not responsible for reviewing the return and only declare that this form active will have signed this form before I submit the return. I will give the officer a copy of followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for also the Paid Preparer, under penalties of perjury I declare that I have examined the distatements, and, to the best of my knowledge and belief, they are true, correct, and formation of which I have any knowledge.	curately re all forms a Authorized above orga d complete	flects the data on the and information to be IRS e-file Providers anization's return and
ERO's elgristure	tan M. Havell 11/7/18 also paid It self-employed		De Sold of Fills
Use Firm's name (or yours if self-employed),	Chamber of Commerce of the USA	EIN 53	-0045720
Only address, and ZP code	1615 H ST NW	Phone no.	
	Washington, DC 20062	1202	4635444
I to do a complete and a contract of			Description for the first firs

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| Preparer's dignificacy | Preparer's dignificacy

	Print/Type preparer's name Jennifer D. Rhoderick	genny & Chicalerick Date 11/07/18	Check if self-PTIN employed D00395735	
Preparer Use Only	Ernst and	Firm's EIN ► 34-6565596		
9		ment Circle, Ste 4000 olis, IN 46204	Phone no. 317-681-7000	

723081 11-09-17 LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2017)

	CIT Official of Hodgings Consults		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-		
- 1	If "Yes," complete Schedule A	1	, i	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	7-200	66	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ez.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		125,000	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			220
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х

### Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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X

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37

If "Yes," complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O .

Form	OPO (2017) Chamber of Commerce of the USA 53-0045	720	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		A00 mm	ic C
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 429		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1201241	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
ь	If "Yes," enter the name of the foreign country: ► India			6
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	2.9		
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		w	
	were not tax deductible?	6b_	Х	
7	Organizations that may receive deductible contributions under section 170(c).	_	33.00	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_	┼
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of qualified intellection property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		İ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			T
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			l
	amounts due or received from them.)			1
12a	ALICONDO DE LA MARIENA ALICENSE PARA DE PARA D	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L.,	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			177
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X

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**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			02000
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5		X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
E	more members of the governing body?	_7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
•	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0-	x	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OU		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	577		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
1000	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	£	_1_*	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	ciai	
^^	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	Stan M Harrell - 202-463-5590			
	1615 H Street NW, Washington, DC 20062-2000			
		_		

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter · 0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	organization compensat (C) Position						(D)	(E)	(F)
Name and Title	Average		(do not check mo			than o		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week					ector/trustee)		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	ordire		9		ated		organization	(W-2/1099-MISC)	from the
	related	aster	truste			bens		(W-2/1099-MISC)		organization and related
	organizations below	ual fri	ional	90	yolds	t com	_	, si		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	orme	24 C		5.g
(1) Andrew Abboud	1.00	_	_		_			·		
Director		X						0.	0.	0
(2) Robert O. Agbede	1.00							Aug		See
Director		X						0.	0.	0
(3) Harry C. Alford	1.00	85			23.5					
Director		Х						0.	0.	0
(4) Anthony J. Allott	1.00								_	
Director		Х						0.	0.	0
(5) Stewart Alvarez	1.00		1							
Director		Х						0.	0.	0
(6) Scott Anderson	1.00								_	_
Director	1 00	Х	Ш				$oxed{oxed}$	0.	0.	0
(7) Lee R. Anderson, Sr	1.00	١						_	_	_
Director	1 00	X		_		_	_	0.	0.	0
(8) John W. Bachmann	1.00	Į.,						0.	0.	
Director	1 00	X				-	_	0.	U •	0
(9) Richard H. Bagger	1.00	x				1 3		0.	0.	0
Director	1.00	^	_			_	┝	0.		0
(10) Arnold Baker Director	1.00	x				ĺ		0.	0.	0
(11) Gene Barr	1.00	^		$\vdash$		┢	┝	· · ·	•	
Director	1.00	x	ŀ					0.	0.	0
(12) Hector Barreto	1.00	<del> </del>				ł –	<u> </u>			
Director		x						0.	0.	0
(13) Lane Beattie	1.00		_					37. 3		
Director		x						0.	0.	0
(14) Kathy G. Beckett	1.00							10.00		
Director		x				l,		0.	0.	0
(15) Thomas D. Bell, Jr	1.00				-0					W W - W
Director		X						0.	0.	0
(16) John F. Biagas	1.00									
Director		X						0.	0.	0
(17) Jan Jones Blackhurst	1.00							t feek		
Director		X	,					0.	0.	0

732007 11-28-17

Form 990 (2017

Part VIII a and a series	OI COMMI		<u> </u>	0.		CII	- 1	ODA	33-0043	720 Page 8	
Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A)	(B)			Pos	C)			(D)	(E)	(F)	
Name and title	Average		not o	heck	more	than		Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of	
	(list any							from the	from related	other	
	hours for	or director						organization	organizations (W-2/1099-MISC)	compensation from the	
	related 🖁	98 OF	trustee			sate		(W-2/1099-MISC)	(***271035-141150)	organization	
	organizations	Individual trustee	al trus	ĺ	yee	m per		(** = *********************************		and related	
	below	idual	Institutional	, in	ojdtu	est co	5			organizations	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	<b>Рог</b> шег			Section 27	
(18) Jim Brady	1.00							53		7-00-00	
Director		X						0.	0.	0.	
(19) Michelle H. Browdy	1.00							,,,_,			
Reg Vice Chair East/Dir		X		Х				0.	0.	0.	
(20) Chuck Brymer	1.00									2000	
Director		X			1		,	0.	0.	0.	
(21) Kane Calarmari	1.00							-Wei-se			
Director		X						0.	0.	0.	
(22) James Carroll	1.00										
Director		X						0.	0.	0.	
(23) Chris Clark	1.00	100									
Director		X						0.	0.	0.	
(24) Kevin Clifford	1.00							2.1.2.7			
Director		X						0.	0.	0.	
(25) Ken W. Cole	1.00										
Director		X						0.	0.	0.	
(26) Adam Cooper	1.00										
Director	1000	X						0.	0.	0.	
1b Sub-total							<b>•</b>	0.	0.	0.	
c Total from continuation sheets to Part \							<b>&gt;</b>	25628958.	0.	1099236.	
d Total (add lines 1b and 1c)							<b></b>	25628958.	0.	1099236.	
2 Total number of individuals (including but							00 10	sceived more than \$100	000 of reportable		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

178

			Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Something Else Strategies, LLC		
212 Golden Willow Court, Easley, SC 29642	Advertising services	2919990.
Revolution Agency		-
1020 Princess Street, Alexandria, VA 22314	Advertising services	1150000.
Albright Stonebridge Group LLC	Public/govt	
601 13th St, Washington, DC 20005	relations overseas	712888.
Lockton, LLC		
PO Box 3207, Boston, MA 02241	Insurance brokers	600784.
Carol Hallett	Mgmt advice,	
1615 H St NW, Washington, DC 20062	fundraising	599999.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 58	ed above) who received more than	

See Part VII, Section A Continuation sheets

Form **990** (2017)

	of Comme								53-004	3720
Part VII Section A. Officers, Directors, To	rustees, Key En	ıplo	yees	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average		F		ition			Reportable	Reportable	Estimated
	hours	(ch	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				ш		organization	(W-2/1099-MISC)	from the organization
	hours for	ordi	98			sated		(W-2/1099-MISC)		and related
	related	ustee	trust		88	npeu				organizations
	organizations below	nal tr	tional	400	yoldı	tcor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1	
(27) Charles Compland	1.00	=	-		_	-	1			
(27) Charles Copeland Director	1.00	X						0.	0.	0.
(28) Joseph W. Craft, III	1.00		Н	-	-		$\vdash$			
Reg Vice Chair South Cent/Dir	1.00	х		Х	ļ	Ì		0.	0.	0.
(29) Steven Davis	1.00		Н		-	$\vdash$				
Director		х						l 0.	0.	0.
(30) Brackett Denniston III	1.00			-	$\vdash$		T			
Director		X				1		0.	0.	0.
(31) Maura W. Donahue	1.00					H				
Director		Х						0.	0.	0.
(32) Thomas J. Donohue	40.00									Adv de add 18 ep
Pres & CEO/Director	1.00	X	100.00	Х				6606257.	0.	13584.
(33) Michael L. Ducker	1.00									
Director		X			Ĺ			0.	0.	0.
(34) David R. Emery	1.00								_	_
Director		Х					L	0.	0.	0.
(35) Robert D. Fatovic	1.00							1	_	2
Director		X	L	ŝ	_	_	<u> </u>	0.	0.	0.
(36) Patrick M. Finken	1.00				35.00	1				_
Director		X		Ш	_	<u> </u>	<u> </u>	0.	0.	0.
(37) Sean Finn	1.00	ē								
Director		Х				<u> </u>		0.	0.	0.
(38) Michael Flannigan	1.00	10000						_		
Director		X	_		╙		┖	0.	0.	0.
(39) Lisa Flavin	1.00					i		_		
Director	1 00	X		<u> </u>	_	<u> </u>	↓_	0.	0.	0.
(40) Lance M. Fritz	1.00	١.,		l					0.	۱ ,
Director	1 70	Х	-	<u> </u>		_	-	0.		0.
(41) Craig L. Fuller	1.00	٠,		l				0.	0.	0.
Director	1 00	Х	-	⊢	-	+	├	U •		0.
(42) John E. Gallina	1.00	₩.						0.	0.	0.
Director	1.00	X	₩	├-	-	1	┡			ļ .
(43) Bruce A. Gates Director	1.00	x				1	1	0.	0.	0.
(44) H.P. Goldfield	1.00	┢	1	⊢	1	+	┼-	<del>                                     </del>	0.	
Director	1.00	x						0.	0.	0.
(45) Michael J Graff	1.00	<del>                                     </del>	$\vdash$	-	+	+	+	<u> </u>	-	<u></u>
Director	1.00	x						0.	0.	0.
(46) Bradley M. Halverson	1.00	1	t	H	+	1	†	<u> </u>		1
Director		x						0.	0.	0.
		,		-	-		_			
Total to Part VII, Section A, line 1c										
									•	***************************************

	of Comme								53-004	5720
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per week							from the	from related	other
	(list any	直				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** 2) 1000 ((())00)	organization
	related	tee or	nstee			ensate				and related
	organizations	E E	nal tr		loyee	dwo:				organizations
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	ŧ	5	Ke	≝	ß			
(47) Fuad El Hibri	1.00	₹,						_	0.	^
Director	1 00	X				_		0.	U	0.
(48) J. Thomas Hill	1.00	х						0.	0.	0.
Director	1.00	Λ	-					0.	0.	<u> </u>
(49) John L. Hopkins	1.00	x						0.	0.	0.
Director (50) C.A Howlett	1.00	Δ.	-	_				0.	0.	0.
Director	1.00	x						0.	0.	0.
(51) Gregory Irace	1.00		_	-	_	$\vdash$			0.0	, .
Director	1.00	х						0.	0.	0.
(52) David Jacobson	1.00		-	_		$\vdash$		-		
Director		х						0.	0.	0.
(53) Elliot J. Jaffee	1.00						-	o vii:		00000
Director		Х						0.	0.	0.
(54) Paula Johnson	1.00									
Director		Х						0.	0.	0.
(55) Stephen Johnson	1.00								1220	200
Director		X						0.	0.	0.
(56) Paul W. Jones	1.00									0.40
Director		X					<u> </u>	0.	0.	0.
(57) Fred Kaiser	1.00								_	
Reg Vice Chr Nrwest/Dir		Х		X				0.	0.	0.
(58) Charles J. Kalil	1.00									
Reg Vice Chair Great Lakes/Dir		Х		X		_	_	0.	0.	0
(59) Frederick Kempe	1.00						ļ	1	0.	0
Director	1 00	X	<u> </u>	_	L	_	<u> </u>	0.	0.	0.
(60) Raymond F. Kerins, Jr	1.00							0.	0.	0
Director	1.00	X	_	$\vdash$	H	H	-	0.	0.	0.
(61) Paul Klaassen	1.00	x						0.	0.	0.
Director	1.00	^	_	H	-	_	┝		<b>.</b>	
(62) Jessie J. Knight, Jr Director	1.00	X	l					0.	0.	0.
(63) Laura Lane	1.00	-	-	H		-	┝╌			
Director	1.00	x			1			0.	0.	0.
(64) Elaine R. Leavenworth	1.00	<del> </del>				<del>                                     </del>	$\vdash$			
Director		x					Ì	0.	0.	0
(65) Greg Lebedev	28.00		П		Т		T			
Director/Consultant	3.00							250000.	0.	-1200
(66) Hank Linginfelter	1.00		П		Г		Γ	A 10:		-
Director		X			L		L	0.	0.	0.
		49,5								
Total to Part VII, Section A, line 1c					<u></u>					
	10.5				- 77	1		<b>2</b> 40		

	of Comme								53-004	<u> </u>
Part VII Section A. Officers, Directors, Tr	ustees, Key En	nplo	yee	s, aı	nd h	lighe	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(ct	neck	all t	hat	appl	y)	compensation	compensation	amount of
	per			_1				from	from related	other
	week					)yee		the	organizations	compensation
	(list any	ector	8			Эdш	,	organization	(W-2/1099-MISC)	from the
	hours for	ordir	as a			ated		(W-2/1099-MISC)		organization and related
	related	stee	truste		8	pens				
	organizations	ıal tru	onal		ploye	8		ļ		organizations
	below	Individual trustee or director	institutional trustee	Officer	y em	Highest compensated employee	Former			
	line)	Ξ	Ë	<b>5</b>	3g	麦	요		-	
(67) William G. Little	1.00		3	10	1					^
Director	1.00	X	_					0.	0.	0.
(68) Christopher B. Lofgren, PhD	1.00								2	
Director		X			d.			0.	0.	0.
(69) Tamara L. Lundgren	1.00									
Director		X						0.	0.	0.
(70) Andrew D. Lundquist	1.00								3-10	
Director		Х						0.	0.	0.
(71) Phillip May	1.00					Ħ				
Director		X						0.	0.	0.
(72) Edward McCoy	1.00		$\vdash$	-	╁	$\vdash$				
Director	2.00	х	İ					0.	0.	0.
(73) Richard McNeel	1.00		├	┢	┢	-	┝	-		
	1.00	x			l	١		0.	0.	٥.
Director	1 00	^	⊢	⊢	<b>!</b>	-				<u> </u>
(74) James W. Mendenhall	1.00	,,		l				0.	0.	0.
Director	1 00	Х	⊢	╙		_	_	0.	0.	
(75) Manuel J. Perez de la Mesa	1.00	1		l			ŀ			م ا
Director	1 - 2 - 2	X	_	L		lacksquare	<u> </u>	0.	0.	0.
(76) Rance C. Miles	1.00			l	ļ	1		1.5		۱ .
Director		X			<u></u>			0.	0.	0.
(77) Robert S. Milligan	1.00							-		
Reg Vice Chr Mdwst/Dir		X		X				0.	0.	0.
(78) John Minge	1.00	Ī	Г	Г			Г			
Director		X						0.	0.	0.
(79) Dayton H. Molendorp	1.00				Î	Г				
Director		x		1				0.	0.	0.
(80) Susan K. Neely	1.00		1	t	1	Т	T			<del></del>
Director	<u></u>	x						0.	0.	0.
(81) George Nichols III	1.00		╁	┢	╁	T	H			
Director	1.00	x				1		0.	0.	0.
(82) C. Howard Nye	1.00	<del>  ^``</del>	-	-		+		<u> </u>		
	1.00	Į.,					1	0.	0.	0.
Director	1.00	Х	$\vdash$	1	-	+		<u>U.</u>	0.	ļ .
(83) Brian OHara	1.00	١.,		1	Į.			_	0.	۸ ا
Director	1 00	X	₩	-	-	$\vdash$	$\vdash$	0.	0.	0.
(84) Karen M, Olson Beenken	1.00			1				_		_
Director	<del>                                     </del>	X	_		-		L	0.	0.	0.
(85) Mark S. Ordan	1.00	_						_	//g=01	_
Director		X		L	┸	$\perp$		0.	0.	0.
(86) Wolfgang G. Pordzik	1.00							914	Sano	
<b>5</b> J		1 x		1			1	0.	0.	0.
Director										

	r of Comm								53-004	5720	
Part VII Section A. Officers, Directors	, Trustees, Key I	Empl	oyee	es, a	nd l	High	iest	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours		heci	(e Pos	C) sition	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organization below line)	Individual	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(87) James M. Power Director	1.00	x						0.	0.	0.	
(88) Randal K. Quarles Director	1.00	x						0.	0.	0.	
(89) Robert W. Quinn Director	1.00										
(90) C. Clayton Reasor	1.00							0.	0.	0.	
Director (91) Martin H. Richenhagen	1.00	Х						0.	0.	0.	
Director	7000	X						0.	0.	0.	
(92) Matthew K. Rose Reg Vice Chair Southwest/Dir	1.00	x		x				0.	0.	0.	
(93) John Ruan III	1.00										
Director		X						0.	0.	0.	
(94) Kim Rumph	1.00										
Director	-	X		100				0.	0.	0.	
(95) Edward B. Rust, Jr Director	1.00	x	8					0.	0.	0.	
(96) John Scheib	1.00			Н					Ū.		
Director		X		8				0.	0.	0.	
(97) James Schenck Director	1.00	x						0.	0.	0.	
(98) Tracy G. Schmidt	1.00				Н	_					
Director		X						0.	0.	0.	
(99) David T. Seaton	1.00				,			0.	0.	0.	
Director (100) Gerald L. Shaheen	1.00	X	H		H		_	0.	0.	0.	
Reg Vice Chr West/Dir/Treas		x		х				0.	0.	0.	
(101) Donald J. Shepard	1.00		H		$\vdash$			.=0.00			
Director	1.00							0.	0.	0.	
(102) Bric Silagy	1.00									1	
Director		X						0.	0.	0.	
(103) Rajendra Singh	1.00							0	0.	٥	
Director	1.00	X				_	-	0.	U.	0.	
(104) Christel Slaughter, PhD Director	1.00	x						o.	0.	0.	
(105) Edgar I. Smith, Jr.	1.00							0.	0.	· ·	
Director	1.00	x						0.	0.	0.	
(106) Paul S. Speranza	1.00		-	-	_	-		0.			
Director	1.00	Х						0.	0.	0.	
Total to Part VII, Section A, line 1c											

	of Comme								53-004	3120
Part VII Section A. Officers, Directors, T	rustees, Key En	nplo	yee	s, aı	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average		1	Posi	tion			Reportable	Reportable	Estimated
	hours	(ct	neck	all t	hat	app	y)	compensation	compensation	amount of
	per				i i			from	from related	other
	week	_				loyee		the	organizations	compensation from the
	(list any	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	hours for related	e or d	tee		2.	sated		(***27 1099*****130)		and related
	organizations	individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	duai 1	utions		офш	ast co	18	i i		<del>2</del> 0
	line)	Indivi	Instit	Officer	Key employee	High	Former			
(107) Charles R. Stamp, Jr	1.00		П		$\vdash$		- "			
Director	2000	х						0.	0.	0.
(108) James E. Stephenson	1.00	=	-		r		-			
Director	1100	х	i					0.	0.	0.
(109) Cynthia Stinger	1.00	-		-	_					
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	1.00	Λ		-	-	┢	-			
(110) Richard K. Studley	1.00	х	1					0.	٥.	0.
Director	1.00	Λ	_	_	<u> </u>	-	-			
(111) Frank C. Sullivan	1.00	х						0.	l 0.	٥.
Director	1.00	Δ	_	⊢		⊢		<u> </u>	0.	
(112) Brandon W. Sweitzer	1.00		l		1			٥.	٥.	٥.
Director	1 00	X	-	⊢	┢	┝	-	0.	0.	ļ
(113) Richard J. Tobin	1.00	.,					ŀ	0.	٥.	0.
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(114) Ralph de la Torre	1.00	.,		l		1		_	0.	0.
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(115) Mick Truitt	1.00								0.	٥.
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(116) Maxine Turner	1.00	١						_	_	١ ,
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(117) Joseph B. Ucuzoglu	1.00	ļ								١ ,
Director	<b>—</b>	X		_	_	╙	<u> </u>	0.	0.	0.
(118) Steve Van Andel	1.00				1			4		
Director		X	_		<u> </u>	<u> </u>		0.	0.	0.
(119) Frank L. VanderSloot	1.00							1		_
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(120) LeRoy Walker, Jr.	1.00						1	_		_
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(121) Edward Wanandi	1.00								-	_
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(122) Kevin Warren	1.00									
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(123) Mark E. Watson III	1.00								3.	
Director		X						0.	0.	0.
(124) Thomas J. Wilson	1.00	П		Г						
Director		x		Ţ				0.	0.	0.
(125) Heather Wingate	1.00			1				1 × 10		
Director		X		1			1	0.	0.	0.
(126) Christopher C. Womack	1.00	T	1	1	1	1	i –		*** ±1H	
Reg Vice Chair Southeast/Dir		x		x			1	0.	0.	0.
Reg vice chair bouchease, bir										

Part VII Section A. Officers, Directors, Tr (A)  Name and title  127) Elanna S. Yalow, Ph.D., M.B.A.  irector  128) Lily Fu Claffee  VP, Gnl Cnsl/CLO & Secry  129) Stan M Harrell	Average hours per week (list any hours for related organizations below line)	stee or director		Pos	c) itior	1		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
127) Blanna S. Yalow, Ph.D., M.B.A. irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	hours per week (list any hours for related organizations below line)		hecl	call	that	арг	oly)	compensation from the	compensation from related	amount of other
irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	per week (list any hours for related organizations below line)						oly)	from the	from related	other
irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	week (list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	flicer	oyee	sted employee		the		
irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	flicer	oyee	ited employe			organizations	i compensatio
irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	hours for related organizations below line)	Individual trustee or direc	Institutional trustee	flicer	oyee	nted em		organization	(W-2/1099-MISC)	from the
irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	organizations below line)	Individual trustee or	Institutional trustee	flicer	oyee	ı ∉		(W-2/1099-MISC)	(17 2) 1033 141100)	organization
irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	below line)	Individual trus	Institutional tr	flicer	oyee	E SS		2 8 8 62		and related
irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	line) 1.00	Individu	Institutio	fficer		É				organizations
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irector 128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry				0	χ. Key	흜	For			
128) Lily Fu Claffee VP, Gnl Cnsl/CLO & Secry	25 00	77					1			
VP, Gnl Cnsl/CLO & Secry		X			<u> </u>	<b>—</b>		0.	0.	0
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VP, CFO & CIO	1.00			х				813207.	0.	105304
130) Myron Brilliant	50.00	-	H			H	_	013207.		195394
VP & Head Intl	1.00				х			1786675.	0.	207663
131) Suzanne P Clark	34.00	$\vdash$	┢			H		2700073.		207003
r Exec VP	6.00			2	x			2311296.	0.	102326
132) Shannon D DiBari	40.00				-					
hief Operating Officer	1.00				X			2378351.	0.	19483
133) Justin Waller	40.00									
MO & SVP, Ops	1.00				X			204250.	0.	14936
134) Agnes Warfield-Blanc	40.00		20							
VP, Dev and Fund					X			3865996.	0.	54790
135) Thomas J Collamore	40.00			ļ		100000			10 8 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	=0 2 % 0
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136) Robert J Engstrom	40.00								_	vanya yang nangan
VP, Pol Aff & Fed Rel	40.00		_	_		X	.	868327.	0.	123298
137) Karen A Harbert	40.00					7.5		1102710		E2222
res & CEO, Energy Inst 138) David T Hirschmann	40.00	_	_	-	-	Х	_	1183718.	0.	53990
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139) Randel Johnson	40.00	_		$\dashv$	-	Α		1/19341.	0.	192103
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otal to Part VII, Section A, line 1c								25628958.		1099236

1 a Federated campaigns   1a   1a   1a   1a   1a   1a   1a   1	Fait	V II		Object to the data of a control	ina a raananaa	er note to any lin	e in this Part VIII			
2 a   Sponsorships/royalties   Sponsorships/royalties   Meetings	y .	107 <u>2</u>		Check if Schedule O conta	ins a response o	or note to any iii	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under
2 a   Sponsorships/royalties   Sponsorships/	ons, Gifts, Grants Similar Amounts	b c d		Membership dues Fundraising events Related organizations Government grants (contributi	1b 1c 1d 1d 1e					
2 a   Sponsorships/royalties   Sponsorships/royalties   Meetings	Contribution and Other	ç	9 !	similar amounts not included abov Noncash contributions included in lines	re 1f 13		144865645.			
2 a   Sponsorships/royalties   900099   2848597.   2848597.	<del>- " </del>		_	Total Add lines 14 11					0.000	•
Section   Sect	. 1		_ 1	Spongorshing/ro				2848597.		
Total, Add lines 2a2f	<u>ş</u>				Jarores				- "	
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Total Add lines 2a2f	Rea	•			CITOIC					
Total Add lines 2a2f	č	•	~ ;					12582.	33233	**
3   Investment income (including dividends, interest, and other similar amounts)   7671.   7671   7671	-						3896913	123021		
Total	-+	_					3030313.	-		
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The contributions reported on line 1c). See   Part IV, line 18   See   Part IV, line 19   See	1						7071.	·	·-	
1   1   1   1   1   1   1   1   1   1		4								-
122721		5		Royalties						
Total revenue  c Rental income or (loss) d Net rental income or (loss) 70041.  70041.	ļ				122721.	136262.				
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Affiliate admin charge b Miscellaneous revenue c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  70041.  70041.  70041.  70041.  70041.  70041.							1	i i		
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and sales expenses  c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Affiliate admin charge b Miscellaneous revenue  C d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  D Net ginc of (loss)  A loss: direct expenses b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory  D Niscellaneous Revenue  Business Code 10215195. 10215195. 10215195. 10221897. 159062167. 13817649. 301161. 77711				assets other than inventory		10				
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b Less: cost of goods sold b				CONTRACTOR CONTRACTOR						
C Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a Affiliate admin charge       561000         b Miscellaneous revenue       900099         c       6702.         d All other revenue       10221897.         12 Total revenue. See instructions.       159062167.         13817649.       301161.			h					4.		
Miscellaneous Revenue   Business Code     11 a Affiliate admin charge   561000   10215195.   10215195.				Control of the Contro						
11 a Affiliate admin charge b Miscellaneous revenue c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.  12 Total revenue. See instructions.  561000 10215195. 10215195.  900099 6702. 6702.  10221897.  10221897.  113817649. 301161. 7771		_		An inches and the second second			<u> </u>		1000	
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d All other revenue  e Total. Add lines 11a-11d  > 10221897.  12 Total revenue. See instructions.  > 159062167. 13817649. 301161. 7771.			D	miscerianeous i	e verine	300033	7,02.	07021	_	1
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12 Total Totaliac, Occ mon abnorm.			e						201161	77710
		12		Total revenue. See instructions.	***************************************	<u>Þ</u>	T22007101	1301/049.	201101	Form <b>990</b> (2017

# Part IX | Statement of Functional Expenses

	Chock if Schodule C contains a respect				***
Do	Check if Schedule O contains a responsing include amounts reported on lines 6b,	(A)	this Part IX (B)	/ <u>C</u> \	
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	(C) Management and	( <b>D)</b> Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-1	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-			
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				e
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	***	***		
5	Compensation of current officers, directors,	-			
•	trustees, and key employees	20967710.			
6	Compensation not included above, to disqualified	203077201			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	52235847.	==-		
8	Pension plan accruals and contributions (include	022000174			
•	section 401(k) and 403(b) employer contributions)	8814194.			
9	Other employee benefits			<del>- ""</del>	
10	Payroli taxes	4056374.	7.50		
11	Fees for services (non-employees):	•			
а	Management	2994621.			
b	Legal	1367550.		-	· ·
c	Accounting	751935.			***
d	Lobbying	9524763.			
e	Professional fundraising services. See Part IV, line 17	599996.			
f	Investment management fees			-	
q	Other. (If line 11g amount exceeds 10% of line 25,			- <del></del>	
_	column (A) amount, list line 11g expenses on Sch 0.)	11334514.			
12	Advertising and promotion	7740667.	117-246-401	···	
13	Office expenses	4671625.	i		•
14	Information technology	5558533.	estation will	-	· · · · · · · · · · · · · · · · · · ·
15	Royalties	****		*** ***********	
16	Occupancy	8199323.			W/C1
17	Travel	8907942.			
18	Payments of travel or entertainment expenses				***
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7212926.			
20	Interest	896780.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2255250.			
23	Insurance	X XX XX			
24	Other expenses. Itemize expenses not covered	× .			D MICHELENATURE OF
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	Contr to other orgs	2000299.			
b	Bad debt expense	274983.			
C	Contr to affiliates	70000.			
d			ve te et vo rotori		
е	All other expenses	420/2-2-2	***		
25	Total functional expenses. Add lines 1 through 24e	160435832.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			ļ	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0017)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 12510656. 20526421. 1 Cash - non-interest-bearing 1192. 2882022. 2 Savings and temporary cash investments 2 42668217. 40625473. 3 3 Pledges and grants receivable, net 193741. 437429. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 1734763. 1382743. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 41280232. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 7979856. b Less: accumulated depreciation 10b 33300376. 10235105. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 65088425. 76089193. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 21649431. 20817720. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 965113. 407814. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 89078794. 80526267. 25 Schedule D ..... 111693338. 101751801. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -132313484. -105186376. 27 Unrestricted net assets 68523000. 96709339. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds -36663376. -35604145. 33 Total net assets or fund balances 33 65088425. 76089193. Total liabilities and net assets/fund balances

Form 990 (2017)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

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Schedule B	
Form 990, 990-EZ,	
or 990-PF)	
Department of the Treasury	

Schedule of Contributors

OMB No 1545-0047
2017

OMB No 1545-0047	
2017	

➤ Attach to Form 960, Form 990-EZ, or Form 960-PF.

→ Go to www.irs.gov/Form990 for the latest informatio Chamber of Commerce of the USA 53-0045720 ∑ 501(cX 6 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation

Check If your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (6), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

501(c)(3) taxable private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

[X] For an organization fing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

For an organization described in section 501(c)(3) fling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 506(a)(1) and 170(b)(1)(A)(c), that checked Schedule A (Form 990 or 960-EZ), Part II, fire 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) 55,000; or (2) 2% of the amount on () Form 990, Part VIII, line 1% or (i) Form 990 EZ, line 1. Complete Parts 1 and III.

For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contribution, during the year, total contributions of more than \$1,000 acclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruety to children or animals. Complete Parts I. II, and III.

For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were neceived during the year for an exclusively religious, charitable, etc., purposes. Don't complete any of the parts unless the General fluid applies to this organization because it received monosculviety religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 8 (Form 990, 990-EZ, or 990-PF), but it inwest answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part 1, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 980-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

me al organization		1	oyer identification number
	Commerce of the USA		3-0045720
Section of the sectio	butors (see instructions). Use duplicate copies of Part I		1 14
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		s1914000.	Person X Payrof
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		s5000.	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		s 24975.	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		s130000.	Person X Payroll
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	ss	Person X Payroll I Noncesh (Complete Part II for noncesh contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		s20000.	Person X Payrol  Noncash (Complete Part II for noncash contributions.)

Name of orga	(Form 990, 990-EZ, or 990-PF) (2017) antzaBas	Em	ployer identification number
Chambe	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions), Use duplicate copies of Part II	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s 9975	Person X Payroll  Noncash (Complete Part II for noncesh contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s12000	Person X Payroll  Noncesh (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		ss_490073	Person X Payroll   Nonceah (Complete Part II for nonceah contributions.)
la) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s1500g	Person X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s50000	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
772452 11-0		\$ 1000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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hambe	er of Commerce of the USA	2220	53-0045720
Pert I	Contributors (see instructions). Use duplicate copies of Part !	if additional space is needed.	
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
13		s 1000 <u>0</u>	Person X Payroll   Noncash   (Complete Part II for noncash contributions:)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Parsot X Payro8
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		s 25000	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(u) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
16		s10000	Person X Payroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		ss	Person X Payroil   Nonceeh   (Complete Part II for noncesh contributions.)
(m) No.	(b) Harrie, address, and ZIP + 4	(c) Yatal contributions	(d) Type of contribution
18		ss	Person Peyroll Complete Part II for noncash contributions.

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and the second	Commerce of the USA		3-0045720	
Part I Contrib	SUTOFS (see instructions). Use duplicate copies of Part	I if additional space is needed.		
(e) No.	(b) Name, address, and ZIP + 4	(c) Tabel contributions	(d) Type of contributi	
		s10000.	Person X Payroit 1 Noncash (Complete Part II for noncash contribution	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut	
20		ss37000.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut	
		ss	Person X Payrol	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribut	
22		s10000.	Person X Payroli	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contributi	
23		ss	Person X Psyroli Noncash (Complete Part II for noncash contribution	
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi	
24		ss	Person X Payroll I Noncash (Complete Part II for noncash contribution 900, 990-EZ, or 990-PF)	

lame of organizati	990, 990-EZ, or 990-PF) (2017)	Ì	Page Employer Identification number
Chamber o	of Commerce of the USA		53-0045720
ENE ARTH SEE	ntributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	33 00437110
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
31		ss	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
32		s10750	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
33		\$ 1000	Parson X Psyroll  Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) Type of contribution
34		s10000	Person X Payrell I Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
35		s1000	Parson X Payroll  Noncesh (Complete Part II for noncesh contributions.)
(e) No.	(b) Name, address, and ZSP + 4	(c) Total contribution	(d) Type of contribution
36		ss	Person X

hamber of Commerce of the USA			
Dutors (see instructions). Use duplicate copies of Part	If additional space is needed.		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	s 50000.	Parson X Payroll Noncash (Complete Part II for noncash contributions	
(b) Name address and ZIR + 4	(c)	(d)	
	s 26500.	Person X Payroll     Noncesh     (Complete Part II for noncesh contributions	
(b) Name, address, and ZIP + 4	(c) Total contributions	(ul) Type of contributio	
	s110000.	Person X Payroll I Noncesh (Complete Part II for noncesh contributions	
(b) Harne, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	s <u>44115.</u>	Person X Payroll	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio	
	ss25000.	Person X Payroll D Noncesh (Complete Part II for noncesh contributions	
(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	sss	Person X Payroll	
	Dutors (see methodrons). Use duplicate copies of Part (b) Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4	Dutotro (see netructions), Use duplicate copies of Part   # additional space is needed.   (c)   (c)	

Heme of pa	8 (Form 990, 990-EZ, or 990-PF) (2017) ganization	Emp	Pag loyer identification number
hamb	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part		33-0043720
(a)	(6)	(e)	(4)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		ss7500.	Parson X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		s10000.	Person X Payroll Honcash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		s200000.	Person X Payrol*
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		ss_74980.	Person X
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		s 174115.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		ss	Person X Payroll

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Schedule B (Form WEW), WW-EZ, BY WW-FF7; (2017)
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rt I Contrib	utors (see instructions). Use duplicate copies of Part I in		
u) lo.	(b) Name, address, and ZBP + 4	(c) Totel contributions	(d) Type of contribution
43		ss	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
a) (o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		ss	Person X Payroll
a) lo.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
45		ss25000.	Person X Payroll
(a) (o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		ss	Person X Payroli
e) (o.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
47		ss44115.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		ss	Person X Payroll
52 11-01-17		Schedule B (Form	990, 990-EZ, or 990-PF) (20

	Name, address, and ZIP + 4	Total contributions	Type of contribution	No.	Name, address, and ZIP + 4	Total contributions	Type or contraction
3		s	Person X Payroll	49		s65000.	Person X Payroll
)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Name, 907999, and dir + 1	s 20000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	50		s60000.	Person X Payrol Noncash (Complete Part If for noncash contributions.)
u) a.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		s25000.	Person X Payroll	51_		s <u>150000.</u>	Person X Payroll     Noncash     (Complets Part If for noncash contributions.)
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		s10000.	Parson X. Payroli Noncesh (Complete Part II for noncesh contributions.)	52		-   \$10000.	Person X Payroti
e) (o.	(b) Name, address, and 299 + 4	(c) Total contributions	(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		s44115.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	53		9115.	Person X Payroll
ia) Vo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	(a) No.	(b) Nerve, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		s55000.	Person X Peyroli	54		\$ 397500.	Person X Payroll   Noncash (Complete Part II for noncash contributions.)
1107	7 351881 USCOC 2017.04000 Chambe		\$80, \$80-EZ & \$80-FF)(2017) the USCOC1	17041107	28	Schadus & Form	: \$80, \$80.EZ or \$80.PF) (2017 : the USCOC1
	B (Form 990, 990-EZ, or 990-PF) (2017)		Page 2		B (Form 990, 990-EZ, or 990-PF) (2017)	Feet	Page :
	mankation oer of Commerce of the USA		yer identification number 3-0045720	Name of or Chamb	er of Commerce of the USA		3-0045720
ert i		* *		Part I	Contributors (see instructions). Use duplicate copies of Part I if eddit		
(e) No.	(b) Name, actrices, and ZIP + 4	(c) Total contributions	(d) Type of contribution	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		s30000.	Person X Payroll	61		s850000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

tame of organ	tation	Employ	er identification number
hamber	of Commerce of the USA	53	-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55 -		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56 -		ss	Person X Payroll Noncesh (Complete Part If for noncesh contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57 -		ss	Person X Psyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		ss	Person X Psyrot
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		ss	Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		ss1425000.	Person X Payroll
		Separate A Com-	600 000.E7 000.BE

me of organization	990-EZ, or 990-PF) (2017)	£e	Pag ployer identification sember
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hamber of (	Commerce of the USA	20.2	53-0045720
ert ! Contrib	utors (see instructions). Use duplicate copies of Part I	if edditional space is needed,	
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		s850000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		ss	Person X Payroll
(a) No.	(b) Name, addrese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		ss20000	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		s <u>13412</u> :	Person X Payroll
(e) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution
65		ss115000	Person X Psyroll Noncash (Complete Part II for noncash contributions.
la) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		s2000	Person X Payro8 Noncash (Complete Part II for noncash contributions.

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Part I Contril	Commerce of the USA		53-0045720
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No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
67		ss_	Person X Payroll Noncesh (Complete Part II fo
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribu
68		s10750.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
69		s5435.	Person X. Payrott Noncash (Complete Part if for noncash contribution
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
70		\$\$	Person X Payroll
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
71		s50000.	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
72		sss	Person X Payroll

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Chamber of Commerce of the USA				3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed.	Si .	
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotal contri	ibutions	(d) Type of contribution
79			10000.	Person X Payroll  Noncesh  (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZEP + 4	(c) Total contri	Butions	(4) Type of contribution
80			25000.	Person X Payroll     Noncesh     (Complete Part II for noncesh contributions.)
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
81		s	25000.	Parson X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
82			6000.	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
83		s	30000.	Person X Payroli S Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contril	butions	(d) Type of contribution
84		s	5500.	Person X Payroll  Honcesh  (Complete Part II for noncesh contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part		5-0045720
(a) No.	(b) Name, skidness, and ZSP + 4	(c) Total contributions	(d) Type of contribut
73		ss	Person X Payroll Noncash (Complete Part II for noncash contribution
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
74		ss	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
75		s5000.	Payrot X Payrot III Noncash IIII (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	[c] Total contributions	(d) Type of contributi
76		s5000.	Person X Payroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
77		s5000.	Person X Payroti
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		ss	Person X Payroll Noncash Noncash (Complete Part II for noncash contributions 980, 990-EZ, qr 990-PF)

tame of orp	B (Form 990, 990-EZ, or 990-PF) (2017) ganization	**************************************	Pag Employer Identification number
'hambe	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	ff additional space is needed.	33 0043720
(a) No.	(b) Name, address, and ZBP + 4	(c) Total contribution	(d)  Type of contribution
85		ss1079	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
86		s54	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) 5 Type of contribution
87		s1790	Person X Payroll   Noncash (Complete Part II for noncash contributions )
(a) No.	(b) Name, sodress, and ZIP + 4	(c) Total contribution	(d) Type of contribution
88		ss6500	Person X Psyroll   Noncash   (Complete Part II for noncash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
89		s1000	Person X Puyroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
90		ss	Person X Payroll

Chamb	er of Commerce of the USA	53	-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(ti) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		s25000.	Person X Psyroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		ss650000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		sss	Person X Payroll       Moncash     (Complete Part II for noncash contributions.
(a) No.	(b) Name, eddrass, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		s435000.	Person X Payroll
(e) No.	(h) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		ss	Person X Payroll Noncash (Complete Part II for noncash contributions
723452 11	01-17	35 Schedule & (Fare	# 990, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization			Page oyer identification number
Chambe	er of Commerce of the USA	5	3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		ss25000.	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		ss12500.	Person X Peyroli Noncash (Complete Part II for noncash contributions.)
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		s 250000	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(A) No.	(b) Name, address, and ZIP + 4	(c) Tatal contributions	(d) Type of contribution
106		s10000	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	PRESIDENT STATE OF THE STATE OF	5 200000	Person X Payroli
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		ss25000	Person X

ne of organization			Employer identification number
hamber of Commerce of the USA			53-0045720
	outors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
97		s 4000	Person X Payroll Noncash (Complete Part II for noncash contributions.
(e) No.	(b) Name, address, and ZIF + 4	(c) Total contribution	(d) Type of contribution
98		s2500	Person X Payroli   Noncesh   (Complete Part If for noncesh contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(ti) Type of contribution
99		s50	Person X Payroll Noncesh (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
100		s 500	Person Xi Payroll
is) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) Type of contribution
101		ss	Person X Payroti Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
102		ss	Person X Psyroll

checkule B (Form 1900, 1900 EZ. or 1990 PF, (2017)  The disparisation  Chamber of Commerce of the USA			mpleyer identification number
			53-0045720
Pert I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		ss25001	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		s1500	Parsen X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		ss	Person A Payroit Noncash (Complete Pert II for noncash contributions.)
(m) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		s2500	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		s3000	Person X Psyroll Noncash (Complete Part II for noncash contributions.)

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Chamb	er of Commerce of the USA		layer identification numbe
Part I	Contributors (see instructions). Use duplicate copies of Part I		3-0045720
(m)	(b)	Ic)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
115		ss	Person X Psyroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
116		s85000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
117		s10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
118		ss	Person Payroll Honcash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
119		ss	Person X Payroll III Honcash IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
120		s 75000.	Person X Payroll
23452 11-91-		Schadala & (Form	noncash contribution 990, 990-EZ, or 990-PF)
41107	351881 USCOC 2017.04000 Ch	g amber of Commerce of	the USCOC

Mama di organizatio	•	Emp	Page oyer identification number
Chamber o	f Commerce of the USA		3-0045720
Part I Con	tributors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		s 5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		ss20000.	Person X Payroli Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
123		s155000.	Parson X Payrolf Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		ss	Person X Payrol Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	[c] Total contributions	(d) Type of contribution
125		ss35000.	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		ss	Person X Payroll

time of organization	1990, 990-EZ, or 990-PF) (2017)	Emp	Pag Employer identification number	
hamber o	f Commerce of the USA		3-0045720	
Part I Con	tributors (see instructions). Use duplicate copies of Part	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
127		ss20000.	Person X Payroll	
(s) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution	
128		ss25000.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution	
129		ss	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
130		*\$_48500.	Person X Payroll Noncesh (Complete Part II for nancash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
131		ss	Person Peyroll Honcash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
132		s10000.	Person X Payroli D Noncesh (Complete Part II for noncesh contributions.)	

is.ms of org	astration		Po Employer identification number	
hambe	er of Commerce of the USA		53-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contributio	
133		s991:	Person X Peyroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
134		s100000	Person X	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
135		ss	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
136		s50000	Parson X Payroll I Noncash (Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(c) Type of contribution	
137		s65000	Person X Payroll       Noncash     (Complete Part II for noncash contributions)	
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
138		s65000	Person X Payrož  Noncash (Complete Part II for noncash contributions.	

ert I Contribe	ITOTS (see instructions). Use duplicate copies of Part I I	fadditional space is needed.	
(4) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ss	Person X Payroll Noncesh (Complete Part II for noncash contributions.)
(n) No.	(b) Name, eddrass, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		ss	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		s50000.	Person X Psyroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		ss	Person X Payroli I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		s20000.	Person X Payroll (Complete Pari II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		sss	Person X Payroll

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		s20000.	Person X Payroll
(e) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		sss	Person X Payroll
723452 11-01		43 hamber of Commerce of	
Heme of on	s (Form 990, 990-EZ, or 990-PF) (2017) parkstee er of Commerce of the USA		Page 2 yer identification number 3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		s100000.	Person X Payroll Nonceeh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, addrese, and 2IP + 4	(c) Total contributions	(d) Type of contribution
152		ss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, addrese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		s10000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		s6380.	Person X Payroll (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		s6600.	Parson X Payroll U Honcash (Complete Part II for noncesh contributions.)
(#) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		s 10000.	Person X Peyroll Noncash

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-		~	53-0045720
Part I	r of Commerce of the USA  Contributors (see instructions), Use duplicate copies of Part 1 is	f additional space is needed.	
(a) No.	(b) Name, address, and ZP + 4	(c) Total contributions	(d) Type of contributio
145		ss3500	Person X Psyro#   Complete Part    for noncash contributions
(u) No.	(b) Name, oddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		ss16500	Person XI Payroll  Noncash  (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		ss	Person X Payroll  Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
148		s10000	Person X Peyroli D Noncesh (Complete Part II for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contributi
149		s 1700	Person X Payroli
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contribution	(d) Type of contribut
150		s500	Person X Payroll   Noncash   (Complete Part II for noncash contribution

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Chamber of Commerce of the USA			53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	140
(e) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
157		s 75000	Person X Payroll   Noncesh   (Complete Part II for noncesh contributions.)
(a) 960.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
158		ss	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		s 100000	Person X Peyroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Heme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160		s5000	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, pddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161		s5000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Tetal contributions	(d) Type of contribution
162		ss_25000	Person X Payroll

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Part i Contrib	SUITOFE (see instructions). Use duplicate copies of Part	i if additional space is needed.	
(a) 840.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
163		ss	Person X Payroll
(n) Mo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
164		s 125000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
165		ss	Person X Payrol
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		sss	Person X Peyroll     Nonceah     (Complete Part II for nonceah contribution
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribute
167		ss	Person X Payroll  hioncash  (Complete Part II for  noncash contributions
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		ss25000.	Person X. Payroll
3452 11-07-17	*****	\$7 Schedule B (Form	noncash contributions 990, 990-EZ, or 990-PF) (

lame of organization		E	aployer identification aumb
hamber of	Commerce of the USA		53-0045720
Part I Contril	butors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
169		ss25000	Person X Payroll
(a) No.	(b) Harne, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
170		ss	Person X Payroli Noncash (Complete Part II to noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
171		s5000	Person X Payroll Noncesh (Complete Part II to noncesh contribution
(a) No.	(b) Mame, address, and ZIP + 4	(c) Tatal contributions	(d) Type of contribu
172		s 100000	Person X Payroll Noncesh (Complete Part II to noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
173		s5000	Person Payroll Noncash (Complete Part II to noncash contribution
(u) No.	(b) Name, address, and ZBP + 4	(c) Total contributions	(d) Type of contribu
274		s 5000	Person X

me of organization	), 990-EZ, or 990-PF) (2017)	Em	Pag Hoyer identification number
hamber of	Commerce of the USA		53-0045720
150 NY 122 137	buttors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		s175000	Person X Payroll
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
176		s10000	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		s 910000	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		s10000	Person X Payroti
(e) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
179		ss79115	Person X Peyroli D Noncash Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		ss49975	Person X Payrol

Schedule B (	Form 990, 990-EZ, or 990-PF) (2017)		Page 2
Name of organ	nization	Em	ployer identification number
Chamber	r of Commerce of the USA		53-0045720
Part (	Contributors (see instructions). Use duplicate copies of Part	If additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181 -		ss	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		s 50000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		s 100000	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184 -		ss	Person X Peyroil
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185 -		ss	Person X Payroll
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		ss	Parson X Payroti

53-0045720 Chamber of Commerce of the USA Part I Contributors (see instructions). Use duplicate copies of Part I II additional space is needed. (c) Total contributions 187 5000. (a) No. Person X Peyrall | | Noncesh | | 188 20000. (a) No. Person X Psyrol \_\_ Noncash \_\_ 189 250000. Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 190 5000. 191 29500. (b) me, address, and ZIP + 4 192 51 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

fame of org	enizzine	Empio	yer identification number
Chambe	er of Commerce of the USA	5	3-0045720
Part 1	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		ss	Person X Psyroll
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
194		ss	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
195		ss	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
196		ss	Person X Payroli X Noncesh (Complete Part II for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
197		ss10000.	Person X Psyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
198		s 47909.	Person X Peyroll Noncash (Complete Part II for noncash contribution
723452 11-	61-17	52 Schedule B (Fo	m 990, 990-EZ, or 990-PF

ame of organization	990-EZ, or 990-PF) (2017)		imployer identification number
hamber of C	commerce of the USA		53-0045720
Part 1 Contribu			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		ss1197	Person X Payrol   Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contribution	(d) Type of contribution
200		\$8500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
201		s700	Person X Payroll On Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
202	Aug. 0	s500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
203		s99	Person X Payroll (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) to Type of contribution
204		ss750	Person X. Payroll

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page suployer identification number
Name of or	gantzetton	•	AND POST OF THE PARTY OF THE PA
Chamb	er of Commerce of the USA		53-0045720
Pert I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		s 750	Person A Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206		s2500	O . Person X Payroll
(a) No.	(h) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207		ss	Person X Payroll   Noncash (Complete Part II for noncash contributions.)
(s) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution
208		s1000	Person X Payroll  Noncash (Complete Part It for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
209		s500	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
210		5 71000	Person X Payroll
	I	Schedule B	(Form 800, 990-EZ, or 990-PF) (2)

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me of arg		Empl	oyer identification number
10	r of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		s9975.	Person X Payroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212		\$ <u>25000.</u>	Person X Ptyroll
(a) No.	(b) Name, addrass, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213		s600000.	Person X Payroll Shoncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214		ss	Person X Payroll
(a) No.	(b) Neme, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215 -		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16 -		s 135000.	Person X Payroll
32 11-91-17		Schudule B /Farm	noncash contributions.) 990, 990-EZ, or 990-PF) (20
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Part I	Contributors (see instructions). Use duplicate copies of Part	3-0045720	
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
217		ss	Person X Peyroli Noncesh (Complete Part II for noncesh contribution
(a) No.	(b) Marrie, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
218		s10000.	Person X Payroll   Noncash (Complete Part II for noncash contribution
(a) No.	(b) Nume, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
219		ss	Person X Payroll
(a) No.	(b) Name, ackress, and ZIP + 4	(c) Total contributions	(d) Type of contribut
220		ss	Person X Payroli
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
221		ss15000.	Person X Psyroit I Noncash (Complete Parl II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
222	-	ss	Person X Payroll

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hambe	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		s 650000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224		ss_	Person X Psyroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225		s10000.	Person X Peyroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226		\$\$	Person X Payroll O Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227		s199000.	Paraon X Payroll Nonceah (Complete Part II for nonceah contributions.)
(a) Mo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228		s195000.	Person X Payroll  Noncesh (Complete Part II for noncesh contributions.)

tame all orga	anization	Empl	Employer Identification number	
hambe	r of Commerce of the USA		3-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part i	if additional space is needed.	1000	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
229		s10000.	Person X Peyroll Noncash (Complete Part II for roncash contributions.)	
(II) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
230		ss	Person X Payroll I Nonceeh (Complete Part II for nonceeh contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
231	7, 70	ss	Person X Psyroff Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
232		s 50000.	Person X Payroll	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
233		s15000.	Person X Payroli I Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Nems, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
234		s500000.	Person X Payroll	

me of organizat	n 990, 990-EZ, or 990-PF) (2017) lida	Empio	yer identification number
namber	of Commerce of the USA	5	3-0045720
_	ntributors (see instructiona). Use duplicate copies of Part I II	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		ss	Person X Payroll Nonceah (Complete Part II for noncesh contributions.)
(a) No.	(h) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236		s10000.	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		s450000.	Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238		s <u>350000</u> .	Parson X Payroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Tatal contributions	(d) Type of contribution
239		s 150000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-17		Schadula B (Fo	m 990, 990-EZ, or 990-PF) (20

		\$250000.	Noncash [
			noncesh contributions.)
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	3 (Form 990, 990-EZ, or 990-PF) (2017)	Employ	Pag er identification number
	er of Commerce of the USA	10	-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		ss	Payrol Nonceah (Complete Part II for nonceah contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248		s50000.	Parson X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249		s 50000.	Person Payroll Noncash (Correlete Part II for naneash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
250		ss	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251		s 95000.	Person X Peyroll
(A) No.	(b) Name, address, and ZP + 4	(c) Total contributions	(d) Type of contribution
252		s 10000.	Person X Psyroli

me of organization	990-EZ, or 990-PF) (2017)	Emp	loyer identification sumber
Chamber of Commerce of the USA			3-0045720
	utors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(e) No.	(b) Name, address, and ZIP + 4	(c) Tatal contributions	(d) Type of contribution
241		s50000	Person X Psyroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		s5000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		ss	Person X Peyroit  Honcash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244		s6200	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		s129115	Person X Payroll  Noncash  (Complete Part If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(a) enotitudistroa latoT	(d) Type of contribution
246		s75000	Person X Payroll  Moncash (Complete Part II for noncesh contributions.
723452 11-01-17		Bakedale B (F	orm 990, 990-EZ, or 990-PF) (2

leme of organizat	len-	30	Employer identification number
hamber o	of Commerce of the USA		53-0045720
Part I Co	entributors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributio	(d) Type of contribution
253		ss	Person X Payroll Noncash (Complete Part if for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
254		ss	Person X Payroli Noncash (Complete Pert II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
255		s100	Person X Payrol Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
256		s1000	Person X Payroll Noncash (Complete Part II for noncash contributions
(é) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type of contribution
257		s 7500	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
258			Person X Payroll

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mber of Commerce of the U		53-0045720
0 184	e copies of Part I II additional space is needed.	1 33-0043720
) (b) Name, address, and	(0)	(d) Type of contribution
9	ss	Person X Payrol
(b) Name, address, and	(c) Total contributio	(d)
0	s 2000	Person X Payroll
(b) Name, address, and	(c) Total contribution	(d) Type of contribution
1	ssssss	Person X Payroll Noncash (Complete Part II for noncash contributions.
(b) Name, address, and	(c) Total contribution	(d) Type of contribution
2	s <u>1250</u>	Person X Payroll
(b) Name, address, and	(c) Total contribution	(d)
	s 1245	Person X Payroll
(b) Name, address, and	4 Total contribution	(d) Type of contribution
	ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
1.41-17	63	8 (Farm 990, 890-EZ, or 990-PF) (20

Part I Contrib	outors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(A) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Total contributions	Type of contril
265		ss25000.	Person D Peyroll Noncash (Complete Part III noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotal contributions	(d) Type of contrib
266		1.40 - 14	
		ss	Parson Payroll Moncash (Complete Part III noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
267		s15000.	Person   2 Payroll     Noncash     (Complete Part II I noncash contribut
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
268		ss49960.	Parson Z Payroll Noncash (Complete Part II to noncash contributi
(s) No.	(ti) Marrie, address, and ZBP + 4	(c) Total contributions	(d) Type of contrib
269		s19040.	Person Z Payroli Nonceeh (Complete Part II fo noncesh contributi
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
270		ss5500.	Person X Payroll Noncash (Complete Part II fo

ame of organization			Emple	Employer identification number	
hamber	of Commerce of the USA		5	3-0045720	
Parti C	ontributors (see instructions). Use duplicate copies of Part I	if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution	
271 _		s1	0000.	Person X Payroll	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribu	tione	(d) Type of contribution	
272		s 1	9000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
273 _		ss	5000.	Person Payrol Noncesh (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
274 — —		ss44!	302.	Person X Payroli Honcash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
275		s2(	0000.	Person X Payroli	
(a) No.	(b) Name, siddress, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
276 _		s200	0000.	Person X Payroll	

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Chamber of Commerce of the USA 5			53-0045720
Part I Cor	ntributors (see instructions). Use duplicate copies of Part (	if additional space in needed.	***************************************
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
277		ss	Person X Peyroli  Noncesh Complete Part II for noncesh contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
278		s5000	Person X Payroll
Ia) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279	7	s350000	Person X Payroli  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
280		s250000	Paraon X Payroti
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281		s 20000	Person X Payroll
(a) No.	(0) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
282		s15000	Person X Payroll  Noncaeh (Complete Part II for noncaeh contributions.)

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amber of Co	mmerce of the USA	5	-0045720
ert I Contribut	OFS (see instructions). Use duplicate copies of Part I I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	-	ss125000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
284		s165000.	Person X Payroll
(s) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
285		s9115.	Person X Payroll Inhoncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
286		ss	Person X Payrol
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
287		ss25000.	Person X Payrell
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
288	-	s55000.	Person X Payroll     Noncash     (Complete Part II for noncash contributions

		_	(Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
287		s25000.	Person X Payroli
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
288		s55000.	Person X Payroll   Noncash   (Complete Part II for noncash contributions.) 980, 990-EZ, or 990-PF) (2017
hadula E	3 (Form 990, 990-EZ. or 990-PF) (2017)		Page i
me of org	pastedon or of Commerce of the USA		yer identification number 3 - 0 0 4 5 7 2 0
Part I	Contributors (see instructions), Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		ss15867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296		s 19115.	Person X Peyroll Noncesh (Complete Part II for noncash contributions.)
(ul No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297		ss	Person X Peyroli Moncash (Complete Part II for noncash contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
298	results, and VVI, at II A.C. T.V	s 12000.	Person X Psyroll Noncesh (Complete Part II for nonceah contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299	**************************************	ss24975.	Person X

990-EZ, ar 990-PF) (2017)	Em	ployer identification number	
Commerce of the USA		53-0045720	
utors (see instructions). Use duplicate copies of Part I	if additional space is needed.		
(b) Harms, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	ss	Person X Payroll	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	ss295000	Person X Peyroll Noncash (Complete Part II for noncash contributions	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	ss	Person X Payroll	
(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio	
	\$\$	Person X. Payroli Noncesh (Complete Part II for noncesh contributions	
(b) Name, address, and 23P + 4	(c) Total contributions	(d) Type of contribution	
	s500	Person X Payroll  Moncash  (Complete Part II for noncash contributions	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	ss	Person X Payroll  O . (Complete Part II for noncash contributions	
	Commerce of the USA  utors (see instructions). Use duplicate copies of Part I  (b)  Name, address, and ZIP + 4  (b)  Name, address, and ZIP + 4  (b)  Name, address, and ZIP + 4  Name, address, and ZIP + 4	Commerce of the USA  utors (see instructions). Use displicate copies of Part I if additional space is needed.  (c)  Name, address, and ZIP + 4  (b)  Name, address, and ZIP + 4  (c)  Total contributions  \$ 25000  (c)  Total contributions  \$ 295000  (d)  Name, address, and ZIP + 4  (e)  Total contributions  \$ 25000  (d)  Name, address, and ZIP + 4  (e)  Total contributions  (e)  Name, address, and ZIP + 4  (f)  Total contributions  (e)  Total contributions  (e)  Total contributions  (f)  Name, address, and ZIP + 4  (g)  Total contributions  (h)  Name, address, and ZIP + 4  (c)  Total contributions  (d)  (e)  Total contributions  (f)  (f)	

Name of or	B (Form 990, 990-EZ, or 990-PF) (2017) gasization		Page Employer identification number
Chamb	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(e) No.	(b) Name, siddress, and 299 + 4	(c) Total contribution	(d) Type of contribution
301		s10000	Person X Peyroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
302		s1000	Person X Payroli O . (Complete Part II for noncash contributions.)
(a) No.	(b) Name, stigrets, and ZIP + 4	(c) Total contribution	(d) Type of contribution
303		ss	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) is Type of contribution
304		s100	Person X. Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
305		ss	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
306		s50	Person X Psyroit  Noncash (Complete Part II for roncash contributions)

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Chamber of Commerce of the USA 53-0045720 Part I (d) Type of contribution Total contributions 307 Person X Payroli \_\_ Noncesh \_\_ 2475000. (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions 308 50000. Complete Part II for noncash contributions.) (n) No. Person X Peyroll : 309 100000. iomplete Part II for oncash contributions.) (b) Hame, address, and ZSP + 4 (c) Total contributions Person X Payroll | 310 25000. (a) No. (d) Type of contribution (b) lame, address, and ZIP + 4 (c) Person X Payrolf Noncash 311 omplete Part II for oncash contributions (n) No. 312 100000. noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 71 2017.04000 Chamber of Commerce of the USCOC 1 17041107 351881 USCOC

53-0045720 Chamber of Commerce of the USA Part I 319 7500. Complete Part II fox noncash contributions.) (e) No. (c) Total contributions (D) 320 Person X Payroll \_\_\_ Noncash \_\_\_ 50000. (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions Type of contribution Person X Peyroll \_\_\_\_ Noncesh \_\_\_ 321 342000. (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions Type of contribution 322 25000. (a) No. **X** 323 300000. Complete Part II for oncash contributions.) (b) Name, address, and ZIP + 4 **X** 324 10000. Bchedule B (Form 990, 990-EZ, or 990-PF) (2017)

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hamb	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part		3-0043720
(a)	(b)		
No.	Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		s10000.	Person X Payroll Onnessh (Complete Part II for noncesh contributions.)
III) No.	(b) Name, address, and 2IP + 4	(c) Total contributions	(d) Type of contribution
314		ss_40000.	Person X Payroll Shoncash (Complete Part II for noncash contributions.)
(s) No.	(b) Nume, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315	V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ss25000.	Person (X) Payroll     Nonceeh     (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316		ss27500.	Person X Payrofi (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317		ss62500.	Person X Payroll Noncesh (Complete Part II for nonceash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318	78-0-1	ss	Person X Payroll
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Schedule E Name of org	B (Form 990, 990-EZ, or 990-PF) (2017)		Page 2
	***************************************	Empi	oyer identification aumber
	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part	it additional space is needed.	227
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		s	Person X Psyroll
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
326		ss30000.	Person X Payroll
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
327		ss24973.	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
328		ss	Parson X Payroll IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
329		sss	Person X. Payroll
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
330	,	ss	Person X Payroll
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amber of	Commerce of the USA	53	-0045720
art I Contrib	Autors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		s150000.	Person X Peyroll
(a) Ng.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		sss	Person X Payroll
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333		ss	Person X Payroll S Noncesh (Complete Pert II for noncesh contributions.)
(e) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
334		s 115000.	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335		s 100000.	Person X Payroli
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
336		ss	Person Peyrol Honcash (Complete Part II for noncash contributions.)
723452 11-01-17			190, 890-EZ, or 890-PF) (2)

chedule B (Form 99 ame of organization	0, 990-EZ, or 990-PF) (2017)	**	Page Employer Identification number
	Commerce of the USA		53-0045720
0.000	ibutors (see instructions). Use duplicate copies of Part I	Y additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tons Type of contribution
343			Person X Payroll   Noncesh   (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) Type of contribution
344		s1100	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) Type of contribution
345		ss	Person X Paynol Noncash Complete Part II for noncash contributions.
(#) No.	(b) Name, address, and ZIP + 4	(c) Yotel contribu	(d) Type of contribution
346			Person X Payroll
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) Type of contribution
347		s	Person X Payroll Noncash (Complete Parl II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d)
348	110010, \$500,000, \$100,000 7.7		Person X Payroll

ame of or	3 (Form 990, 990-EZ, or 990-PF) (2017)	Emp	loyer identification number	
attractors.	er of Commerce of the USA		53-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
337		ss10000	Person X Peyvoil	
(a) No.	(b) Name, addrass, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
338		s10000	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Tatel contributions	(d) Type of contribution	
339		ss	Person X Payrol	
(e) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
340		s25000	Person X Peyroll (Complete Part II for noncash contribution	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribute	
341		s20000	Person X Payroll (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi	
342		s10000	Person X Payroll	

ema of organization			Employer identification number
	of the UGA		53-0045720
	Commerce of the USA autors (see instructions). Use duplicate copies of Parl I	V existingual space is peeded	33 0043720
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
349		sls	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d)  Type of contribution
350		ss_	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(al No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
	Harris, and day, with girly 4		Person X
351		s177500	Payroli
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contribution	(d) Type of contribution
352		s950	Person X Peyroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contribution	(d) Type of contribution
353		ss	Person X Peyrol
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
354		s250	Person X Payroll  Noncesh (Complete Part II for

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Part I Contri	ibutors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(e) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contributi
355		ss_	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
356		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
357		ss	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
358		ss	Person X Payroll Noncash (Complete Pari If for noncash contributions
(a) No.	(b) Name, address, and ZTP + 4	(c) Total contributions	(d) Type of contribution
359		ss	Person X Payroll   Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
360		ss	Person X Payroll
3452 11:01:17		79 Schadule 8 (Form	990, 990-EZ, or 990-PF) (

(m)		
No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions
362	94.1	_
		s 5
(a) No.	(b) Nome, eddross, and ZIP + 4	(c) Total contributions
363		
		ss0000
(4) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
364		
		25000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
365		_
	<u> </u>	s25000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
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366		_
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41107	80 351881 USCOC 2017.04000 Cham	s 30000 Schedule B (F.
41107  schedule B. lame of orga	80 351881 USCOC 2017.04000 Cham Form 990, 990 EZ, or 990 PF (2017) sizetos c of Commerce of the USA	Schednis B (R
41107 41107 schedule Blame of organichambe	80 351881 USCOC 2017.04000 Cham  From 990, 990 EZ, or 990 PF) (2017) alastes c of Commexce of the USA  Contributors (see instructions). Use duplicate copies of Pari I if add	Schedule B (F
41107 schedule Blame of orga	80 351881 USCOC 2017.04000 Cham Form 990, 990 EZ, or 990 PF; (2017) sizeties r of Commerce of the USA Contributors (see instructions). Use dupticate copies of Parl If add	Schedule B (R  aber of Commerce of  fine fine fine fine fine fine fine fine
41107  41107  Schedule B.  Isme of organical Chambe  Part I  (a)  No.	80 351881 USCOC 2017.04000 Cham  From 990, 990 EZ, or 990 PF) (2017) alastes c of Commexce of the USA  Contributors (see instructions). Use duplicate copies of Pari I if add	Schedule B (F abber of Commerce of final space is needed.  Total contributions
41107  41107  Schedule B.  Isme of organical Chambe  Part I  (a)  No.	80 351881 USCOC 2017.04000 Cham  From 990, 990 EZ, or 990 PF) (2017) alastes c of Commexce of the USA  Contributors (see instructions). Use duplicate copies of Pari I if add	Schedule B (F abber of Commerce of final space is needed.  Total contributions
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41107 41107 41107  inhodue B anne of organical Mo. 100 Mo.	80 351881 USCOC 2017.04000 Cham  From 990, 990 EZ, or 990 PF) (2017)  Integrate of Commerce of the USA  Contributors (see instructions). Use duplicate copies of Pan I if and  Ibi  Name, address, and ZIP + 4	Schedule B (finite process)  Entered space is needed.  Total contributions  S 10000
(a) No. 374	80 351881 USCOC 2017.04000 Cham From 990, 990 EZ, or 990 PF) (2017) sizeties r of Commerce of the USA Contributors (see enstructions). Use duplicate copies of Part I if add IName, address, and ZIP + 4  (b) Name, address, and ZIP + 4	Schedule B (F  Abber of Commerce of  En  Intonal space is needed.  Total contributions  \$ 100000  Total contributions  \$ 100000

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization
Chamber of Commerce of the USA

(a) No. 361 53-0045720

Person X Payroll D Moncesh Complete Part II for noncash contributions.)

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Schedule I	B (Form 990, 990 EZ, or 990-PF) (2017) punization	Emp	Page 2 loyer identification number
	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	- 1/-
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
367		350000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
368		ss_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
369		ss	Person X Payroll
ju) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution
370		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
371		ss	Person X Payroll Honcesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
372		ss	Person X. Peyroll

No.	Name, eddress, and ZIP + 4	Total contributions	Type of contribution
374		s100000.	Person X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contributio
375		ss	Person X Payroll
(s) No.	(b) Name, address, and ZIP + 4	(c) Yotal contributions	(d) Type of contribution
376		ss20000.	Parson X Peyroll
(m) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
377		ss6000.	Person X Psyroll  Noncash  (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
378		ss	Person X Peyroll

edule B (Form 990, 990 e of organization			yer identification number
	merce of the USA		1-0045/20
rt i Contributo	rs (see instructions). Use duplicate copies of Part I if		
(a) 4o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	-	s10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ss25000.	Person X Payroll Nonceeh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
981		s15000.	Person X Payroll I Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
382		ss20000.	Person X Payroll
(e)	(ы)	(c)	(4)
No.	Name, oddress, and ZIP + 4	Total contributions	Type of contribution
383	· · · · · · · · · · · · · · · · · · ·	ss	Person X Payro8
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
384		s25000.	Person X Payroll Soncesh (Complete Part II for rioncash contributions.)
3452 11:01 17	· · · · · · · · · · · · · · · · · · ·		rm 990, 990-EZ, or 990-PF) (20
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	90, 990-EZ, or 990-PF) (2017)		Page 2 ployer identification number
Name of organization			1000
	Commerce of the USA	107 COS 10. TEST Sente	53-0045720
	ibutors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		ss	Person X Payrol Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
392		s12000	Person X Payrol
(al No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
393		ss12504	Person X Payroli  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
394		ss2500	Person X Payrol
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
395		ss35700	Person X Payroli  Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Fotel contributions	(d) Type of contribution
396		s53000	Person X Payrol  Noncash (Correlate Part II for

ame of pro	1 (Form 990, 990-EZ, or 990-PF) [2017]	Empl	nyer identification number
			3-0045720
	er of Commerce of the USA		
Parti	Contributors (see instructions). Use duplicate copies of Part I is	accomonulus space is resource.	T 100
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
385		s <u>160000</u> .	Parson X Payroli I Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contributio
386			Person X
300		s 100000	Noncash (Complete Part It for noncash contributions
(0)	(0)	(c)	(4)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
387		s85000	Person X Payroli G Moncash G (Complete Part II for noncash contributions
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
388		ss	Person X Payroll Noncesh (Complete Part II for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
389		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
390		s 70000	Person X Payroll Noncash (Complete Part II for noncash contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)  Name of organization			Empleyer identification number	
Chamber of Commerce of the USA		5	53-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
397		s 40000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
398		ss75000.	Person X Payroti	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
399		s 16000.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
400		ss	Person X Payroll	
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution	
401		s100000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
402		s1100000.	Person X Payroll	

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Chamber of	Commerce of the USA		3-0045720
Part I Contri	butors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
403		ss	Person Dispression (Complete Part II & noncash contribute
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
404		ss252000.	Person X Peyroli C Noncash (Complete Part II k noncash commouti
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
405		s9990.	Person X Payroll Noncash (Complete Part II to noncash contributi
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
406		ss200000.	Person X Payroll Noncash Complete Part II to noncash contribution
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribe
407		ss	Person X Payroli Noncash (Complete Part II to noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
408		s <u>20000</u> .	Person X Payroll   Noncesh   (Complete Part II for noncesh contribution

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hambe	er of Commerce of the USA		53-0045720		
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.			
(e) No.	(b) Name, address, and ZIP + 4	(e) Total contribution	(d) Type of contribution		
415		s 1500	Person X Payroll		
(e) No.	(b) Hame, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution		
416		s 50000. Pan		s 50000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution		
417		ss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)		
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution		
418		ss	Person X Psyrol		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution		
419		ss	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution		
420		ss	Person X Payroll  Noncash (Complete Part II for		

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	Commerce of the USA		3-0045720
	butors (see instructions). Use duplicate copies of Parl	I if edditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
409		ss10000.	Person Payrot Noncash (Complete Pari III noncash contribut
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
410		ss450000.	Person D Payro8 Noncesh (Complete Pari III noncesh contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
411		\$ 13000.	Person Day Noncesh Complete Part II 9 noncesh contribut
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
412		ss	Person   2 Peyroll   Noncesh   (Complete Part II II noncesh contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(tf) Type of contrib
413		ss	Person [X] Payroll [Noncash [Complete Part II for noncash contributions]
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
414		\$\$	Person Z Payroll Noncash (Complete Parl II fo

	8 (Form 980, 990-EZ, or 990-PF) (2017)	62019/3026	Page
Name of sm	genization	Émp	oyer identification sumber
Chamb	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) Ho.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		ss	Person X Payroll   Noncesh   (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
422		ss725000.	Person Peyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423		ss	Person X Peyroll
(a) No.	(b) Name, addrese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
424		s15000.	Person A Payroli Nonceah (Complete Part II for nonceah contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
425		s75000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
426		s10000.	Person X Payroll I Noncesh (Complete Part II for

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e of organization	990-EZ, or 990-PF) (2017)		ployer identification number
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rt I Contrib	utors (see instructions). Use duplicats copies of Part I i	f additional space is needed.	
(a) (o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		s <u>100000</u>	Person X Psyroli
(a) Vo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		ss	Person X Payrol
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
29		s10000	Person X Peyroll Noncash (Complete Part II for nancash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		ss2500f	Person X Payroll Noncash (Complete Part II Ior noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$ 25000	Person Z Payroli  Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
432		s 1500	Person X Payroll Nonceeh (Complete Part II for noncesh contributions)
3452 11-01-17	***	Şchadula 8	Form 990, 990-EZ, or 990-PF) (2)

NO.	Transfer and the second and the seco	100000000000000000000000000000000000000	
431		s25000	(Complete Part II for noncash contributions.)
(a) No.	(b) Mame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
432		s <u>1500</u>	Person X Payroll
723452 11-01	91	Schadula 8	Form 990, 990-EZ, or 990-PF) (2017)
041107	351881 USCOC 2017.04000 Chambe	er of Commerce	
Schedule E	B (Form 990, 990-EZ, or 990-PF) (2017)	·	Page 2 Employer identification number
Chamb	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
439		s3500	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
440		s5000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 441	Name, address, and ZIP + 4	Total contribution	Person X Payroll   Noncash (Complete Part II for noncash contributions.)
(a)	(0)	(c)	(d) s Type of contribution
442	Nerve, address, and ZIP + 4	Total contribution	Person X Payroll
(e) No.	(b) Name, eddrese, and ZIP + 4	(c) Total contribution	(d) Type of contribution
443	THEORY STORY OF THE STORY OF TH	_	Person X Payroli
(m) No.	(b) Neme, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
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Schedule E Name of org	3 (Form 990, 990-EZ, or 990-PF) (2017)	<del>- 1 1</del>	Page 2 Employer identification number
STATE OF STATE	16077043300		53-0045720
Part I	er of Commerce of the USA  Contributors (see instructions), Use duplicate copies of Part I is	f additional space is needed.	
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
433		ss	Person A Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
434		s 250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) Type of contribution
435		ss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
436		ss	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Harne, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
437		s1000	Person X Payros
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
438		ss	Person X Payroll

ame of organization			Employer Identification number
hamber of	Commerce of the USA		53-0045720
Part I Contr	ibutors (see instructions). Use duplicate copies of Part 1	f additional space is needed.	
(a) No.	(b) Nems, address, and 21P + 4	(c) Total contribution	(d) Type of contribution
445		s100	Person X Payrell
(a) No.	(b) Name, sidness, and ZIP + 4	(c) Total contribution	(d) Type of contribution
446		s1000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Tetal contributi	(d) Type of contribution
447		ss	Paraon X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
448		s10	Person X Payroll       Noncash     (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) one Type of contribution
449		ss700	Person X Payroll OOO - Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, addrass, and ZIP + 4	(c) Total contribut	(d) ione Type of contribution
450		ss	Person X Payroll

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Part I Contri	ibutors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
451		s49115.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
452		sss	Person X Payroll Honcash (Complete Part II for noncash contribution
(s) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
453		ssss	Person X Payroll     Noncesh     (Complete Part II for noncesh contribution
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
454		ss_	Person X Payroli Noncash (Complete Part II for noncash contribution
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
455		ss	Person X Payrol
(e) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
456		ss20000.	Person X Payroll     Noncesh     (Complete Part II for noncesh contributions
13452 11-01-17	######################################	95 Bokedule B (Form	980, 980-EZ, or 990-PF) (

Chamber of	Commerce of the USA		53-0045720
	ributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	1 33-0043720
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	(d) autions Type of contrib
457		ss	Person   2
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	(d) utions Type of contrib
458			Person X Peyroll Noncash (Complete Perl II fr
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	(d) Type of contrib
459		ss	Person X Psyroll Noncesh (Complete Part II fo
(n) No.	(b) Hame, address, and ZIP + 4	(c) Total contribu	(d)
460		ss	Person X Payroll Noncesh (Complete Part II for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribe	(d) utions Type of contribu
461		s	Parson X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d)
462			Person X Payroll Noncash (Complete Part II to noncash contribution

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hamber of	Commerce of the USA		53-0045720
Part I Contr	ibutors (see instructions). Use duplicate copies of Part	I if additional spece is needed.	
(II) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) E Type of contribution
463		s 175000	Person X Payroll O. (Complete Part II for noncesh contributions.)
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
464		s2000	Person X Peyrol  Noncash (Complete Part II for nancash contributions.)
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
465		s800	Person X Payroli
(a) No.	(h) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
466		ss	Person X Payroll (Complete Part Il for noncesh contributions.)
(a) Mo.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
467		ss	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
468		ss_	Person X. Payroli   Noncesh   (Complete Parl II for noncesh contributions.)

Schedule Name of or	8 (Form 990, 990-EZ, or 990-PF) (2017) gastraties		Page mployer identification number
hamb	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(e) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469		s 500	Person X Payroli
(a) No.	(b) Nume, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
470		ss2500	Person X Payroti Oncomplete Part II for noncash contributions )
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
471		s1911:	Person X Psyroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
472		s50000	Person X Peyroli  Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
473		ss	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
474		s12500	Person X Payroll Honcash (Complete Part II for noncash contributions.)

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amber	of Commerce of the USA	5.	3-0045720
ert I Co	ontributors (see instructions). Use duplicate copies of Part I If	additional space is needed.	
(n) No.	(b) Name, address, and ZIP + 4	Ic) Total contributions	(d) Type of contribution
175		s270000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
476		\$\$	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
477 -		ss100000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
478 _		ss215000.	Person X Psyrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
479 -		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotal contributions	(d) Type of contribution
480 _		s 4880000	(Complete Part II for noncash contributions.)
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lame of orgo		1 3	3-0045720
Chambe Parti	r of Commerce of the USA  Contributors (see instructions). Use duplicate copies of Part H addition	Alle And Smalle	3-0043720
(a)	(b)	(0)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
487		s 25000	Person X Payroll
(n) No.	(b) Name, eddross, and ZIP + 4	(n) Total contributions	(d) Type of contribution
488		s7000	Person X Payroll
(a) No.	(b) Name, eddrass, and ZIP + 4	(c) Total contributions	(d) Type of contribution
489		s80000	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
490		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution
491		s20670	Parson X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
492		- s5000	Person X

me of organization	), 990-EZ, or 990-PF) (2017)	En	nplayer (destification number
	Commerce of the USA		53-0045720
	butors (see instructions) Use duplicate copies of Part H	f additional space is needed.	
IA)	(b)	(c)	(4)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
481		ss_45000	Parson X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
482		s1000	Person X Peyroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
483		s_ 1000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
484		s37500	Person K Psyroli (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
485		s1175	Person X Payroll Honcosh (Complete Part II for noncash contributions.
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
486		s20000	Person X Payrol

(a) Name, polytess, and ZIP + 4  (a) Name, polytess, and ZIP + 4  (b) Name, polytess, and ZIP + 4  (c) Name, polytess, and ZIP + 4  (d) Name, polytess, and ZIP + 4  (e) (b) Name, polytess, and ZIP + 4  (b) S_	(e) (d) Type of contributions  15000 Person
Part   Contributors (see instrictions) Use duplicate copies of Part II additional space (e)   (b)   Name, address, and ZIP + 4   To   (e)   (e)   Name, address, and ZIP + 4   To   (e)   (e)   Name, address, and ZIP + 4   To   (e)   (e) (d) Type of contributions  15000 Person	
Name, address, and ZIP + 4   Tr.	Type of contributions  Type of contributions  Person Peyrot Complete Part II for noncesh contributions  (c) Id)  Type of contributions  Person Person Person Person Person Person Person Contributions  Person Person Person Complete Part II for noncesh contributions
(a) No. Name, podress, and ZIP + 4  (a) No. Name, podress, and ZIP + 4  (a) No. Name, podress, and ZIP + 4  495  (a) Name, podress, and ZIP + 4  (b) Name, podress, and ZIP + 4  (c) Name, podress, and ZIP + 4  (d) No. Name, podress, and ZIP + 4	15000 . Noncash   Compete Part II for noncash contributions   III of total contributions   Person   Type of contributions   25000 .   Competes Part III of Contributions   Person   Type of Contribution   Competes Part III of Competes Part II
Name, address, and ZIP + 4   Ti	Type of contributions  Type of contribution  Person X Peyrol  Noncauh (Complete Part II for
(a) Name, oddress, and ZIP + 4  T  495  (c) Name, oddress, and ZIP + 4  T  (d) Name, oddress, and ZIP + 4  T  (e) Name, oddress, and ZIP + 4  T  (e) Name, oddress, and ZIP + 4	25000 . Payroll
Name, address, and ZIP + 4   T	
(a) No. Name, eddress, and ZIP + 4  Y  4 96  (a) No. Name, eddress, and ZIP + 4  S	(c) (d)  Fotal contributions Type of contribution
No. Name, eddress, and ZIP + 4 T  4.95  (e) No. Name, eddress, and ZIP + 4 T	Person Peyrol Noncesh (Complete Part If for noncesh contributions.)
496 S	(c) (d)  Total contributions Type of contribution
No. Name, address, and ZIP + 4	130000. Person X Peyroll Noncesh (Complete Part II for noncesh contributions.
497	(c) (d)
(e) No. Name, eddress, and ZIP + 4	
s	Total contributions  Type of contribution  Person Payroll Noncash  Complete Part II for

Chamber of Commerce of the USA 53-0045720 Pert f (a) No. (c) Total contributions (d) Type of contribution 499 5000. emplete Part II for reash contributions.) (a) No. (b) ess, and ZIP + 4 500 **X** 40000. Complete Part II for noncash contributions.i (n) No. Person X.
Payroll ... 501 105000. Person X Payroll \_\_\_\_ Noncash \_\_\_\_ 502 25000. (a) No. (b) ne, address, and ZIP + 4 (c) 503 X Complete Part II for oncash contributions: (e) No. (b) me, address, and ZIP + 4 504 100000. Sekadula 8 (Form 990, 990-F7, or 990-PF) (2017) 103 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

53-0045720 **X** 511 Person Payroll Noncash 122000. (a) No. (c) Total contributions Person X
Payroll 512 12000. (e) (b) Name, address, and ZSP + 4 (c) Total contributions 513 350000. (e) No. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) 514 160000. (d) Type of contribution (c) Total contributions X 515 Person X Payroll \_\_\_ Noncash \_\_\_ 7500. (Complete Part II for noncesh contributions.) (b) Name, address, and ZIP + 4

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997	Commerce of the USA		3-0045720
Part I Contrib	LETOFS (see instructions). Use duplicate copies of Part	If additional space is needed.	
(a) No.	(b) Name, siddress, and ZIP + 4	[c] Total contributions	(d) Type of contribution
505	,	s20000.	Payroli Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
506		s9975.	Person Payrol Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
507		s10000.	Parson X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
508		s <u>7000.</u>	Person X Psyroll S Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
509		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
510		s150000.	Person X Payroll Noncesh (Complete Part II for noncash contributions.)

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	Commerce of the USA		3-0045720
Part f Contri	butors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517		ss	Person X Payroll
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
518		ss9000.	Person X Payroti Noncesh (Complete Part if for noncesh contributions.)
(II) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
519	1280 3-3 0	s165000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
520		ss	Person X Peyroll
(III) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
521	-	ss25000.	Parson X Payroti
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
522		ss	Person X Payroll

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(Complete Part II for Schedule B (Form 980, 980-FZ, or 990-PF) (2017)

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e of organization	ommerce of the USA		er identification number
	tors (see instructions). Use duplicate copies of Part I i		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523		ss	Person X Payroll :: Noncash :: (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
524		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
525		ss	Parson X Payroll Intoncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
526		ss	Person X Payrol
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
527		ss	Person X Payroli I Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
528		ss25000.	Person X Payrol
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# 50 100		_ s <u>25000.</u>	Noncash (Complete Part II for noncash contributions.)
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	급 (Form 990, 990-EZ, or 990-P위 (2017) geltzation	Emplay	Page . ur léentification number
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Part I	Contributors (see instructions): Use duplicate copies of Part I if additional copies of Part	tional space is needed	
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535		sss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
536		ss21965.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(u) No.	(b) Name, sckress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
537		ss	Person X Peyroll
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
538		s10000.	Person X Payroll
(z) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
539		s25000.	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
540		162500	Person X Payroll D

tame of organization	990, 990-EZ, or 990-PF) (2017)		Employ	er Identification number
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Part I Con	tributors (see instructions). Use duplicate copies of Part I (	additional space is needed.		
(a) No.	(b) Name, scidress, and ZIP + 4	(c) Total contribut	iona	(d) Type of contribution
529		ss	000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
530		\$2!	5000.	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
531		s <u>1</u>	1000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	rtions	(d) Type of contributi
532		s2	5000.	Person X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contrib	rtions	(d) Type of contribut
533			5500.	Person Psyroll Honcash (Complete Part II for noncesh contribution
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contrib	utlons	(d) Type of contribut
534			9115.	Person X Payroll     Nonceeh

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Part I	Contributors (see instructions). Use duplicate copies of Part I	fadditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
541		ss	Person S Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Yetal contribution	(d) Type of contribution
542		ss	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
543		ss	Person X Psyroll   Noncash (Complete Part II for noncash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
544		ss	Person X Payroll Complete Part II for noncesh contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
545		s 200	Person X Payrell Honcash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
546		ss	(Complete Part II for noncesh contributions.)
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Chamber of	Commerce of the USA		53-0045720
Part 1 Contr	ibutors (see instructions). Use duplicate copies of Part	Wadditional space is needed.	
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
547		ss20000.	Person X Peyroll Noncash (Complete Part II for noncash contribution
(a) Ho.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
548		ss	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
549		s135000.	Person X Peyroli Nonceah (Complete Part II for nonceah contribution
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribut
550		s20000.	Person Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
551		s 10000.	Person X Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
552		ss	Person X Payroll Noncesh (Complete Pert il for noncesh contribution
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53-0045720 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. 553 10000. 554 Person X Payroll \_\_\_ Noncash \_\_\_ 5000. (a) No. Person X Payroll Interest Inte 555 25000. (e) No. Person X Payroll Noncash Complete Part II for noncash contributions.) 556 10000. (a) No. (c) Total contributions 557 5000. Complete Part II for noncash contributions.) (a) No. 558 10000. (Complete Part II for noncash contributions.)
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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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	tributors (see instructions). Use duplicate copies of Part		1 350
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559		s 9970.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
560		s 100000.	Person Peyroll Noncash (Complete Part III for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
561		s <u>10000</u> .	Person X Peyroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
562		ss97000.	Person X Psyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
563	***	s 50000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
564		ss	Person X Payroll S Noncash (Complete Part II for

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Chamber of Commerce of the USA			3-0045720
art I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565		ss60000.	Person X Payroll
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
566		ss	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZSP + 4	(c) Total contributions	(d) Type of contribution
567		ss	Person X: Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
568		sls	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
569		ss25000.	Person X Payroll
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
570		ss	Person X Payroli  Noncesh (Complete Part II for noncesh contributions.)

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eforganization  amber of Commerce of the	USA		53-0045720
	se duplicate copies of Part I if additions	I space is needed.	
s) (b) c. Name, address		(c) Total contribution	(d) Type of contribution
71		s5	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
s) (b) O. Harne, address		(c) Total contribution	(d) one Type of contribution
72		s50:	Person X Payroll   Noncesh   (Complete Part II for noncesh contributions.)
a) (b. Nerne, eddress		(c) Total contributi	(d) ons Type of contribution
73		s10	Parson X Psyrol   Noncesh (Complete Part II for noncash contributions.)
(a) (b) Name, addres		(c) Total contribut	(d) tone Type of contribution
74		s67	Person X Payroli (Complete Part II for noncash contributions.)
(t) (t) (t) (t) (t) (t) (t) (t) (t) (t)		(c) Total contribut	(d) lone Type of contribution
75		s10	Person X Payroll OOO. (Complete Part II for noncash contributions.)
(a) (R No. Name, addres		(c) Total contribut	(d) Type of contribution
76			Person X Payroll

tions.)	1.	<del> </del>		noncash contributions.)
	(a) No.	(b) Name, eckress, and ZIF + 4	(c) Total contributions	(d) Type of contribution
bution	578			Person X
<b>X</b>			s 11000.	Payroll
for trions.)				(Complete Part II for noncash contributions.)
		(b)	(c)	(d)
bution	(a) No.	Harrie, address, and ZIP + 4	Total contributions	Type of contribution
<u>X</u>	579			Parson X Payroll
=	- 1		s 7000.	(Complete Part II for
for utions.)				rioncash contributions.)
<del></del>	(a) No.	(6)	(c) Total contributions	(d) Type of contribution
Button	70	Name, address, and ZIP + 4	rotal contributions	F903
X.	_580	<del></del>	s 10000	Payroli
l for			\$	(Complete Part II for
utions.)				noncesh contributions.}
feution	(=) No.	(b) Name, addrese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
E<	581	_		Person X
X			s 10000	
i for utions.)				(Complete Part II for noncash contributions.)
	7-1	(b)	(c)	(d)
tbutton	(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<b>X</b>	582	<u></u>		Person X Payroli
	ì		s	, Noncash
Il for iutions.)				(Complete Part II for noncash contributions.)
D-PF) (2017)	723462 11-61	116		rm 990, 990-EZ, or 990-PF) (2017
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Page 2	Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2017)	·	Page :
ımber	Name of org			53-0045720
	Part I	er of Commerce of the USA  Contributors (see instructions). Use duplicate copies of Part I if addition		33-0043720
THE STATE OF THE S	(m)	(b)	(c)	(4)
ribution	Ma.	Neme, oddress, and ZIP + 4	Total contributions	Type of contribution
[X]	_589			Person X Payroll
II for			\$10000	(Complete Part II for
outions.)				noncash contributions.)
ribution	(m) No.	(b) Neme, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	590			Person X
			s 25000	Payroll
II for outlons.)				(Complete Part II for noncesh contributions.)
	(a)	(b)	(c)	(4)
ribution	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
(X)	_591			Person X.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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ame of organization	, 990-EZ, or 990-PF) (2017)	Emplo	yar identification number
hamber of	Commerce of the USA	53	3-0045720
1160a - 181 150a	outors (see instructions). Use duplicate copies of Part I	w	3,432
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583		s10000.	Person X. Peyroli Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
584		ss	Person X Payroll
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
585		ss	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
586		ss	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
587		ss	Person X Payrell
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
588		s 50000.	Person X Payrol Noncesh (Complete Part II for noncesh contributions.)

Name of organizat	1 990. 990-E2, or 990-F7 (2017)		Employ	rar identification number
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	Intributors (see instructions). Use duplicate copies of Part I	f additional space is needed.		
(m) Ma.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
589		\$	10000.	Person X Payroll
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contri	butlons	(d) Type of contribution
590		s	25000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
591		s	5000,	Person Payroli Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
592		_s	20000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution
593		s	15000.	Person X Peyroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr	butions	(d) Type of contribution
723452 11-01-17		\$	7500 -	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)

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9972.

(d) Type of contribution

Complete Part II for noncash contributions.)

Part I Contri	butors (see instructions). Use duplicate copies of Part	I if additional space is reeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595		ss30115.	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution
596		ss	Person X. Payroll
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
597	,,	s 5000.	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
598		ss	Person X Payrolf Noncash (Complete Pari II for noncash contributions
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Tatal contributions	(d) Type of contribution
599		s10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
600		s5200.	Person X Peyroli
3452 11-01-17		Schedule B (Form	990, 990-EZ, or 990-PF) (

(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
602		100 7
		s22500
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
603		
		s100000
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
604		
		s 10200.
(a) No.	(b) Name, address, and ZIP+4	(c) Total contributions
605	remine, man seas, proj. 217 V 4	TOTAL CONTROLLOGUE
		s50000.
(a) No.	(b)	(c)
606	Name, address, and ZIP + 4	Total contributions
		s 10000.
		3
723452 11-0	120	Schedule B (For
	351881 USCOC 2017.04000 Chamber	
Name of or		Empl
	er of Commerce of the USA	5
Part i	Contributors (see instructions). Use duplicate copies of Part I if additional (b)	space is needed.
No.	Name, address, and ZIP + 4	Total contributions
613		
		s5000.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contributions
614		
		\$ 5000.
		E
(m) Mo.	(b) Name, address, and ZIP + 4	(c) Total contributions

Schedule 6 (Form 990, 990 EZ, or 990 PF) (2017) Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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Person X Payroli \_\_\_ Noncash \_\_\_

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ame of organization	990-EZ. or 990-PF) (2017)	Emplo	Page yer identification number
hamber of C	commerce of the USA	5	3-0045720
	utors (see instructions). Use duplicate copies of Part I		0010120
(a)	(b)	(c)	(4)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
607		ss7500.	Person X Payrol
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
608		sss	Person X Peyroll I Noncash I (Complete Part II for noncash contributions.)
(u) No.	(b) Name, address, and ZSP + 4	(c) Telai contributions	(d) Type of contribution
609		ss	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
610		ss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
611		s175000.	Person X Payroll   Noncesh (Complete Part II for noncesh contributions.)
(u) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
612		s 10000.	Person X Peyroli

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resource of a conference	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
613	-	ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
614		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
615		ss335000.	Person X Payroll
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
616		s10000.	Person X Payroll  Nonceet  (Complete Part II for noncash contributions.)
(=) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
617		s185000.	Person X Payroll 1 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
618		ss	(Complete Part il for
23452 11:01	-17	Schedule B (For	noncash contributions m 990, 990-EZ, or 990-PF) (2

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amber of Co	ommerce of the USA	<u> </u>	53	-0045720
ert I Contribu	tors (see instructions). Use duplicate copies of Part I	f additional space is needed.		
(a) No.	(b) Name, eddresa, and ZSP + 4	(c) Total contribut	llone	(d) Type of contribution
619		s1(	000.	Person X Payroli
(a) No.	(b) Hame, eddress, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
620		s2	0000.	Person X Payroll Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddrass, and ZIP + 4	(c) Total contribu	rtions	(d) Type of contribution
621		\$6	0000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotel contribe	ntions	(d) Type of contribution
622		s10	0000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
623		s10	0000.	Person X Psyroil
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
624		s	5000.	Person X Payroll

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(III) No.	tributors (see instructions). Use duplicate copies of Part I (b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
631		ss	Parson X Psyroli   Noncesh   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) one Type of contribution
632		s10	Person X Payroll Honcesh (Complete Part Il for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) Ions Type of contribution
633		ss	Person & Payroli (Complete Part II for noncash contributions.)
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) Ions Type of contribution
634	2.0	ss	Person X Payroll   Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) Ilons Type of contribution
635		s100	Person X Payroll Noncesh Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) Type of contribution
636		ss	Person X PeyroR

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Chamber of Commerce of the USA			3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
625		ss530000.	Person X Payroll I Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
626		ss	Person X Peyroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
627		ss	Person X Payrolt
(a)	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
628		s100000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
629		s6000	Person X Payroll Noncash (Complete Pari II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
630		s5000	Person X Payroll

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	Outors (see instructions). Use duplicate copies of Parl I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotel contributio	(d) Type of contribution
637	Marin de de la companya de la compan	_	Person X Payroli
(a) No.	(b) Name, address, and ZEP + 4	(c) Total contributio	(d) Type of contribution
638		s5(	Person X Payrot Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Hame, address, and ZIP + 4	(c) Yotal contribute	(d) Type of contribution
639		s 50/	Person X Payrol Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) one Type of contribution
640		s 15	Person A. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
541		ss	Person X Payroli Noncash (Complete Part II for noncash contributions)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) One Type of contribution
642			Person X Psyroll

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Chamber of Commerce of the USA 53-0045720 Contributors (see instructions). Use duplicate copies of Part I if additional space is r Part I (d) Type of contribution (c) Total contributions 643 [X] 25000. omplete Part II for incash contributions.) (a) No. (c) Total contributions 644 1000000. (c) ontribution (d) Type of contribution 645 Person X Payroli \_\_\_ Noncesh \_\_\_ 6615. (e) No. Type of contribution Person X Payroli \_\_\_ Noncesh \_\_\_ 646 25000. Complete Part II for noncash contributions.) (a) No. (c) Total contributions (0) Person X Payroll 647 100000. Complete Part II for noncash contributions. (e) No. (b) Name, address, and ZIP + 4 (c) Total contributions 648 X 15000. noncesh contributions.) Schedule B (Form 890, 990-EZ, or 990-PF) (2017) 127 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Chamber of Commerce of the USA 53-0045720 Part I Contributors (see instructions). Use duplicate copies of Part I if additional sp (d) Type of contribution (c) address, and ZIP + 4 649 Person X Payroll \_\_ Noncash \_\_ 100166. Complete Part il for noncash contributions.) (A) No. (b) Name, address, and ZIP + 4 (c) Total contributions \_650 Person X Payroll \_\_\_ Noncash \_\_\_ 60000. Complete Parl II for loncash contributions.) (a) No. 651 25000. X 652 Person Payroli Noncash 5000. Complete Part II for loncash contributions.) (a) No. 体 Type of contribution 653 Person X Payroll \_\_\_ Noncash \_\_\_ 5000. Type of contribution 654 50000. 128 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

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Part I	Contributors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
655		s5000	Person X Payroli Noncesh (Complets Part II for noncesh contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
656		ss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
657		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Tatas contributions	(d) Type of contribution
658		s 26000.	Person X Psyrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
659		ss	Person X Payroll I Noncesh (Complete Part II for noncesh contributions.)
In) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
660		ss	Person X Payroll
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hamb Part I	er of Commerce of the USA  Contributors (see instructions). Use duplicate copies of Part	I if additional space is pourted	53-0045720
(n) No.	(b) Name, skitness, and ZIP + 4	(c) Total contributions	(d) Type of contribution
661		s10000	Person X Payroli Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
662		s20000	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
663		s25000	Person X Payrot
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
564	,	s11000	Person X Payroll
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
665		ss65000	Person X Payroli Noncash (Complete Pert II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
666		ss	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

Schedule B /Form 990, 990.E7, or 990.DE (2017)

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t ( Contributors (see instructions). Use duplicate copies of Part I if a  (b)  Name, address, and ZIP + 4	(c) Tatal contributions	(d) Type of contribution
57	s10000.	Person X Payroll
i) (b) Name, sódress, and ZSP + 4	(c) Total contributions	(d) Type of contribution
68	ss	Person X Payrol
ot (b)  Name, eddrass, and ZSP + 4	(c) Total contributions	(d) Type of contribution
559	s <u>8500.</u>	Person X Payroll I Noncesti (Complete Part II for noncash contributions.)
(a) (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	ss	Person X Payroli   Noncesh   (Complete Pert II for noncash contributions.)
(e) (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	s10000.	Person X Psyroll   Noncash   (Complete Part II for noncash contributions.)
(e)   (b) Norme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
572	ss	Person X Payroll  Moncesh  (Complete Part II for noncesh contributions.)
782	Schedule 8 (For	990, 990-EZ, or 990-PF) (2

Schedule B (Form 9	90, 990-EZ. or 990-PF) (2017)		Page 2
Name of organization		Empl	pyer identification number
Chamber of	Commerce of the USA	. 5	3-0045720
Part I Cont	ributors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
679		ss	Person X. Payroli
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
680		s19115.	Person X Payroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ss	Person X Payrol
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
682	-	s\$	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(m)	(b)	(c)	(d) Type of contribution
683	Name, address, and 23 <sup>p</sup> + 4	s15000	Person X
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
684		s 9940	Parson X. Psyroll

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hamber of C	Commerce of the USA		3-0045720
	utora (see instructions). Use duplicate copies of Part I i	fadditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(tf) Type of contribution
673		s 15000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
674		ss750000.	Person X Payroll I Noncash (Complete Part II for noncash communions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
675		ss	Person X Payroll
(n) Ho.	(b) Name, address, and ZIP + 4	(c) Tetal contributions	(d) Type of contribution
676		ss	Person X Payroli  Noncash (Complete Part II for noncash contribution:
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
677		s69569	Person X Payroll   Noncesh   (Complete Pari II for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
678		s5000	Person X Payroll

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Chamber of C	commerce of the USA		53-0045720
	ators (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
685		s 500000	Person X Payroll  Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
686		s 20000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
687		s 4095000	Person X Payroll Noncash (Complete Part II for noncesh contributions.)
(a) Mo.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
688		ss35000	Person X Peyrol   Nonceh   (Complete Part II for noncash contributions.)
(e) No.	(b) Name, eddross, and ZIP + 4	(c) Total contributions	(d) Type of contribution
689		ss	Person X Payroll Noncash (Complete Port II for noncash contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
690		s9000	Person X Payent   Noncash (Complete Part II for noncash contributions.)

Chamber	of Commerce of the USA	5	3-0045720
Part I C	ontributora (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
691		s100000.	Person X. Peyroli Noncash (Complete Parl II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
692		sls10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
693		ss	Person X Peyroll
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
694		ss	Person X Payroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
695		s9115.	Person X Peyroli
(a) No.	(b) Marrie, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
696	11. 0 1	ss	Person X PayroR
41107 35		Schedule B (Form 135 hamber of Commerce of	990, 990-EZ, ur 990-PF) (

teme of organization		2.1147.1	yar identification numbe
Chamber of	f Commerce of the USA	5	3-0045720
Part I Con	tributora (see instructions). Use duplicate copies of Part	l if additional space is needed.	
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
697		ss	Person X Payroli   Noncash (Complete Part II for noncash contribution
(a) No.	(b) Nome, uddrese, and ZIP + 4	(c) Total contributions	(d) Type of contribut
698		ss7500.	Person X Psyroli
(4) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
699		s10000.	Person X Psyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
700		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	[c] Total contributions	(d) Type of contribut
701		ss	Parson X Payroll
(a) No.	(b) Neme, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribut
702		ss	Person X Peyroll
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eme of org	enization	Empl	Po- oyer Identification number
hamba	er of Commerce of the USA	5	3-0045720
arti	Contributors (see instructions), Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
703		s10000.	Person X Psyrol
(a) Na.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
704		ss	Person Payrol Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
705		ss225000.	Person X Peyroli
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
706		s19996.	Person Payroli Noncash [Complete Part II for neneash contributions.]
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
707		s100000.	Person X Puyroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
708		s 150000.	Person X Psyroll

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page
Name of or	THE PART OF THE PA		Employer identification number
	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I  (b)		T 20
No.	Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
709		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(A) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) Type of contribution
710		s 250	Person X
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
711		s700	Person X Payroll Noncash (Complete Part II for noncash contributions.)
In) No.	(b) Name, address, and ZIP + 4	(c) Tatal contribution	(d) Type of contribution
712		s840	Person X Payroll O.O. Noncesh Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
713		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
714		ss	Person X Payroll

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amber of	Commerce of the USA	53	-0045720
art I Contri	ibutors (see instructions). Use duplicate copies of Part 1 is	f additional space is needed.	
(e) No.	(b) Name, address, and ZBP + 4	(c) Tatal contributions	(d) Type of contribution
715		s6600.	Person X Payroll
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
716		ss	Person X Payroll     Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
717		s10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
718		ss	Person X Peyrol   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and 28P + 4	(c) Total contributions	(d) Type of contribution
719		sss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
720		s120000.	Person X Peyroll  Noncash (Complete Part II for noncash contributions.)  890, 990-52, or 990-PF) (20

ime of organization	1, 990-EZ, or 990-PF) (2017)	Ē	Page nployer identification number
hamber of	Commerce of the USA		53-0045720
ert I Contril	buttors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	V-22-2
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
727		\$\$	Person X Payroll   Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
728		s5000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
729		s 5000	Person Payroll Noncash [Complete Part II for noncash contributions.]
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
730		ss	Person X Payroll
(ø) No.	(b) Nume, eddress, and ZIF + 4	(c) Total contributions	(d) Type of contribution
731		s31086	Person X: Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
732		ss201000	Person X Payroli  Noncesh

me of organization	990, 990-EZ, or 990-PF) (2017)	Empk	yer identification number
	Commerce of the USA	5	3-0045720
	tributors (see instructions). Use duplicate copies of Parl I is	f edditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
721		ss	Person X Payvoll Nonceek (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
722		s75000.	Person X Peyroli I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723		ss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
724		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
725		ss	Peyroll Noncesh (Complete Part II for nonceash contributions.)
(a) No.	(b) Name, address, and ZNP + 4	(c) Total contributions	(d) Type of contribution
726		s 20000	Person X Payroll

Name of or	B (Form 990, 990-EZ, or 990-PF) (2017) ganization	E	Page reployer identification number
Chamb	er of Commerce of the USA	i.	53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
733		s2000	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
734		s 3500	Person X Psyroll I Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4		
735		ss	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
736		s <u>500</u>	Parson X Psyroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
737		s 1400	Person X Peyroll Honcash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
738		ss	Person X Payrol Noncash

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Schedule B (Form 980, 900-EZ, or 900-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part		53-0045720
(a)	(b)		11
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
739		s10000	Person X Priyroll Noncash (Complete Part II for noncash contribution
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
740		ss55000.	Person X Payroti
(a) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribut
741		s50000.	Person X Payvoli Aloncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
742		s 165000.	Parson X Payroll I Noncash (Complete Part II for noncash contribution
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
743		ss	Person X Peyroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribut
744		ss	Person X Peyroli
M52 11-01-1		Schedule B (Ferri	n 990, 990-EZ, or 990-PF)

53-0045720 Chamber of Commerce of the USA Part I 751 10000. (e) No. Person X Payroll D Noncesh Complete Part H for oncesh contributions 752 10000. (II) No. 753 385000. (a) No. (c) Total contrib (b) Yeme, sddress, and ZIP + 4 754 94500. (a) No. **X** 755 25000. Complete Part II for noncash contributions.) (e) No. **X** 756 50000. Complete Part II Ior

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Part I Contr	ibutors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
745		ss	Person X Payroll  Noncash (Complete Part II for noncash contributions
(m) No.	(h) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
746		(Old Solie Riddolf)	Type of contractor
		50000.	Person X Payrol Noncash Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
747		ss	Person X Payroli
(a) No.	(b) Name, siddress, and ZIP + 4	(c) Total contributions	(Complete Part if for noncesh contributions. (4) Type of contribution
748		s 100000.	Person X Payroll Honcash (Complete Part II for noncash contributions.
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
749		ss	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	[c] Total contributions	(d) Type of contribution
750		ss	Person X Payroti Noncaeh (Complete Pari II for

lame of or	ganization	Emp	loyer identification number
hamb	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
757		ss	Person X Payroll
(z) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>758</u>		s100000.	Person X Peyroll Noncash (Complete Part II for noncash contributions.)
(w) No.	(b) Name, address, and ZIP + 4	(c) Yotal contributions	(d) Type of contribution
759		s8000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
760		\$80000.	Person X Payroll   Nonceeh   (Complete Part II for noncesh contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
761		s5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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art I Contribe	ttors (see instructions). Use duplicate copies of Part I i	additional space is needed.	0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
763		ss	Person X Peyroll UND (Complete Pari II for noncash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
764		s10000.	Person X Peyroli   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
765		ss	Person X Payroll
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
766		ss	Person X Psyroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
767		s10000.	Parson Payrol Nonceah (Complete Part II for nonceah contributions)
(a) No.	(b) Nome, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
768		s 5000.	Person X Psyroll I Noncash (Complete Part II for noncash contributions)
723452 11-01 17		Schedule B (Form	n 990, 990-EZ, ur 990-PF) (2

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Chambe	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Parl I if additional	space is needed.	
(a) No.	(b) Name, addrese, and ZIP + 4	(c) Total contribution	(d) Type of contribution
775		s150	Person X Payroll O C . (Complete Part II for noncesh contributions.)
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
776		\$5000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(0) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
777		s <u>680</u>	Person X Payroll Complete Part It for noncash contributions.)
(a) Mo.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
778		s50	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
77 <u>9</u>		s5000	Person X Peyroll Noncesh (Complete Part II for noncesh contributions.)
(m) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributio	(d) Type of contribution
780	THE STATE WAS STORY AT YY		Person X Payroll  Noncesh (Complete Part II for

	(Form 990, 990-EZ, or 990-PF) (2017)		Page Employer identification number
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hambe Part I	er of Commerce of the USA  Contributors (see instructions), Use duplicate copies of Part I	if additional space is needed.	33 00101
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
769		ss	Person Noncesh Complete Part II for noncesh contributions.)
(m) Mo.	(b) Name, address, and ZBP + 4	(c) Total contribution	(d) Type of contribution
770		ss	Person X Payroll Noncesh (Complete Part II for noncash contributions.)
(el No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
771		s125	Parson X Peyroli  Noncash (Complete Parl II for noncash contributions.)
(a) No.	(b) Mame, address, and ZSP + 4	(c) Total contribution	(d) Type of contribution
772		ss	Person X Payroll     Noncesh     (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
773		s1000	Person X Payroll Noncesh (Complete Part II for noncesh contributions
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributio	(d) Type of contribution
774		ss	Person X Payroll     Noncash     (Complete Part II for rongash contributions.)

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Chamber of Commerce of the USA			53-0045720
	outors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(n)	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
781	PRINTER, MARKET WAS	s1000	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
782		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
783		ss	Person X Payroll   Noncesh (Complete Part II for noncesh contributions
(m) No.	(b) Hame, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
784		s <u>1000</u> 0	Person X Payrol D Noncash Complete Pert II for noncash contributions
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contribution	(d) Type of contribution
785		ss1025	Person X Payroll Inhoncesh (Complete Part II for noncesh contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contributio
786		s2000	Person X Payroll

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Part I Contr	ibutors (see instructions). Use duplicate copies of Part	If additional space is needed.	
(e) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
787	· · · · · · · · · · · · · · · · · · ·	s25000.	Person X Payroll   Noncesh   (Complete Part II for rioncash contribution
(II) No.	(b) Name, address, and 21P + 4	(c) Total contributions	(d) Type of contributi
788		33	Person X Payroli I Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
789		sls	Person X Payroli
(n) No.	(h) Marrie, address, and ZIP + 4	(c) Tetal contributions	(d) Type of contribution
790		ss	Person X. Peyrolt
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
791		s711630.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
792		s16500.	Person X Payroll
3452 11 (0 L 17 41107 3518		Schedule 8 (Ferm 151 hamber of Commerce of	990, 990-EZ, or 990-PF)(

Part I	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
793		ss	Person X Payroll Noncuelt (Complete Part II for
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
794		s2000	Parson X Psyroit Noncash (Complete Part II fo
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
795		ss	Person X Payroll (Complete Part II for noncash contribution
(=) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
796		\$\$	Person X Payroli
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribu
797		s1500i	Person X Psyroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
798		s100000	Person X Payroll Noncash (Complete Part II for noncash contribution

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Part I Contri			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
799		ss_45000	Person X Payrolt Noncesh (Complete Part 8 for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
800		ss30000	Person X Payrolf Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
801		s6026	Porson X Peyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
802		s15000	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
803		s 10000	Person X Peyroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
804		ss	Person X Peyroll Noncash (Complete Part II for noncash contributions.)

Schedule B Name of try	(Form 990, 990-EZ, or 990-PF) (2017) anization		Page 2 Employer lifentification number
Chambe	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	# additional space is needed.	
(a) No.	(b) Name, schreek, and ZIP + 4	(c) Total contributions	(d) Type of contribution
805		ss	Person X Payroll
(a) No.	(b) Neme, edgrees, and ZSP + 4	(c) Total contributions	(d) Type of contribution
806		s1000	Person X Peyroš Noncesh (Complete Part II for noncash contributions.)
(a) No.	(tr) Name, eddress, and ZBP + 4	(c) Total contributions	(d) Type of contribution
807		ss4300	Person X Psyroit  Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
808		s 1195	Person X Psyroll
(a) No.	(b) Name, address, and ZJP + 4	(c) Total contributions	(d) Type of contribution
809		s1000	Person X Payrot  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
810		s997	Parson X Payrol

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art   Contributors (see instru	ctions). Use duplicate copies of Part 1 i	f additional space is needed.			
(a) No. Name	(b) , address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution	
311		s15	0000.	Person X Payroli	
(a) No. Name	(b) , address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution	
912		s75	0000.	Person X Payroll :: Honcash :: (Complete Part II for noncash contributions.)	
(e) No. Name	(b) s, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution	
813		s91	86000,	Person X Payroll	
(a) No. Nam	(b) e, address, and ZIP + 4	(c) Total contril	outions _	(d) Type of contribution	
814	*	s	10000.	Person X Peyroll	
(II) No. Narr	(b) e, address, and ZIP + 4	(c) Total contri	buttons	(d) Type of contribution	
815		s	25000.	Person X Payroll Noncash (Complete Part II for noncash contributions.	
(a) No. Non	(b) ne, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution	
816		s	5000.	Person X Payroll	
23452 11-01-17		5-6	adula B (Fore	990, 990-EZ, or 990-PF) (2	

	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
817 _		- s5000	O . Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
818 -		_ ss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.
je) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
819		\$\$	Person X Payroll D Noncash Complete Part II for noncash contributions
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) Type of contribution
820		s40250	Person X Payroli Noncesh (Complete Part II for noncesh contributions
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
821 -		- s 41:	Person X Payroll
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contribution	(d) Type of contributi
		-	Person X
822		s 4113	(Complete Part II for noncash contribution
723452 11.01-1	, 156 351801 USCOC 2017.04000 Chami	Schedula I	(Complete Part II for noncash contribution (Form 890, 990-EZ, or 990-PF)
7234D 11.01-1	156 351881 USCOC 2017.04000 Chaml	Schedula I	02. Honosesh [Complete Part It for nonseath confidential (Form 1800, 1800-EZ, or 1800-PF) of the USCOC_
723452 11.01.1 0.411.0.7 Schedule Bi	156 351881 USCOC 2017.04000 Chaml  (Form 990.990EZ.or 990FF)	Schedule ber of Commerce	12. Stoncesh Concess and Concess and Its Conce
Schedule B Name of orga Chamber	156 351881 USCOC 2017.04000 Chaml  (Form 990, 990 EZ. or 990 PF) (2017) Initiation  r of Commerce of the USA  Contributors (see restrictions). Use duplicate copies of Part I # addit	Schedule ber of Commerce	12. Stoncesh Complete Part I for inocash confidution (Complete Part I for inocash confidution) so for the USCOC
723450 11.01.1 0.411.07 Schedule B I Name of orga	156 351881 USCOC 2017.04000 Chaml  (Form 990.990EZ.or 990FF)	Schedule ber of Commerce	O. Noncease Conceise Part I for noncease part I for noncease part I for noncease confidence (Form Sed, Sed-ET, or Sed-ET) s of the USCOC. Employer identification sumbat
Schoole B. Name of orga Chambe:	156 351881 USCOC 2017.04000 Chaml  (Form 990.990EZ, or 990 FF) (2017)  Initiation  of Commerce of the USA  Contributors (see instructions): Use displicate copies of Part I # additional C	Schedala ber of Commerce tonal space is needed.	12. Stoncesh  Conclete Part I for noncesh contribution  (Form Sed, 1864-EZ, or 980-PF)  s of the USCOC_

Chamber of Commerce of the USA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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hedule B (Form 990, 990-EZ, or 990-PF) (2017) me of organization Employee			Page 2 yer identification number
Chamber of Commerce of the USA 53			3-0045720
ert I	Contributors (see instructions). Use duplicate copies of Part I		
(e) No.	(b) Name, acidress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823		s10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
824		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
B25		s580000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
826		ss	Person X Payroll
(#) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
827		s10000.	Person X Payroll   Noncash   (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
828		ss	Person X Payroll (Complete Part II for noncesh contributions.)

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Chamber of Commerce of the USA			53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part (	additional space is needed.	
(a) 94a.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
829		s100	Person X Payrol Noncesh (Complete Part II for noncesh contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) na Type of contribution
830		s60	Person X Payrol Noncesh (Complete Part II for noncesh contributions
(u) No.	(b) Name, address, and ZIP + 4	(c) Fotal contribution	(d) Type of contribution
831		s120	Person X Payroll Q Noncash Q (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
832		ss200	Person X Payroll
(=) No.	(b) Name, address, and ZIP + 4	(c) Total contribute	(d) Type of contribution
833		s110	Person X Peyroll Noncash Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
834		ss	Person X Payroff  Noncash  (Complete Part II for noncash contribution

TANK TO SEE	Commerce of the USA ibutors (see instructions). Use duplicate copies of Part I		3-0045720
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335		sss	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		ss	Person X Payroll       Noncesh     (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		ss	Parson X Payroli   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	-,	ss	Person X Payroti I Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		ss	Person X Payroll X Noncash C (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contr≥outions	(d) Type of contribution
40		ss	Person X Payroll
52 11-01-17		Schedule B (Form	990, 990-EZ, at 990-PF) (20

			Avetal in Area Ha
le) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
840		s2700000.	Person X. Psyroll
452 11:0		Schedule B (Form	990, 990-EZ, at 990-PF) (201
11107	159 351881 USCOC 2017.04000 Chambe	r of Commerce of	the USCOC
chedule i	B (Form 990, 990-EZ, or 990-PF) (2017)		Page
ine of or	genization	Empley	yer identification number
hamb	er of Commerce of the USA	53	3-0045720
art I	Contributors (see instructions). Use duplicate copies of Part I if additions		0013720
(a)	(b)	(e)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
847		s5000.	Person X Payroll   Noncesh   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
848		s15000.	Person X Psyroll
(a) No.	(b) Name, actoress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
849		s200000.	Person X Peyvoil Noncash (Complete Part It for noncash contributions.)
(a) No.	(tr) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
850		s25000.	Person X Payroll U Honcash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
851		s290000.	Person X Payroli \( \text{Noncash} \) [Complete Part It for noncash contributions.)
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
852			Person X

me of organization	200	Eme	Pr Proyer identification number
hamber of	Commerce of the USA		53-0045720
art I Contri	butors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) No.	(b) Nume, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
841	7.	ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
842		s120000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
843		s25000.	Parson X Payroli Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(tf) Type of contributio
<u></u>		ss	Person X Payroll
(a) No.	(b) Nome, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345		s20000.	Person X Payroll
(e) . No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		s150000.	Person X

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Natur of regalitation  Chamber of Commerce of the USA			Reployer identification sumber
			53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	The second of th	
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
853		sls	Person X Payrol   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
854		ss	Parson X Psyrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
855		ss997	Parson X. Payroll Noncesh (Complete Part II for noncesh contributions.)
{n}	(b)	(c)	(cl)
No. 856	Name, address, and ZIP - 4	s 500	Pareon X. Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
857		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
858		s11000	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization 53-0045720 Part I (a) No. 859 7800. (c) Total contributions 860 25000. (c) Total contributions (b) Name, address, and ZIP + 4 861 5000. Type of contribution Person X Payroll D Noncash Complete Part II for noncash contributions.) 862 52000. **X** 863 5000. (Complete Part II for noncash contributions.) 864 163 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

ame of organization		Empk	ryer identification number
	Commerce of the USA	to Tueston de encompartere	3-0045720
Part I Contrib	outors (see instructions). Use duplicate copies of Part i	if additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
865		ss	Person X Payroll
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
866		\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
867		ss25000.	Person X Peyroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
868		ss	Payroli X Payroli X Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Harne, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
869		s s	Person X Payroll S Noncesh (Complete Part II for noncesh contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
870		\$\$	Person X. Psyroll Noncesh (Complete Part II for noncesh contributions.)

lame of organization		Empley	er identification number
hamber of Commerce of the USA		53	-0045720
Part I Cont			
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
871		s 100000.	Person X Payroll U Nonceah (Complete Part II for nonceash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
872		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
873		sss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
874		ss	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
875		s15000.	Person X Peyroli
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
876		ss	Person X Payroll
		A	000 000 E7 A 000 BEV

Name of organization	), 990-EZ. or 990-PF) (2017)	Emp	layer Identification number
Chamber of	Commerce of the USA		3-0045720
Part I Contril	butors (see instructions). Use duplicate copies of Part I	il additional space is needed.	V. 11110-00-00 Table
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
877		s 68000.	Person X Peyroll   Honoseh   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZPP + 4	(c) Total contributions	(d) Type of contribution
878		ss25000	Person X Peyroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
879		ss29115	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(n) No.	(b) Name, address, and ZBP + 4	(c) Total contributions	(d) Type of contribution
B80		ss	Person X Peyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
881		s10000	Person X Payroll D Noncash C (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
882		ss	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

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	pusitation or of Commerce of the USA	100000	eyer identification number
Parti	Contributors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
883		ss25000.	Person X Payroli Noncash Noncash (Complete Part II for noncash contributions.
(e) No.	(b) Marrie, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
884		s34000.	Person X Payroli Noncesh (Complete Part II for noncesh contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
885		s <u>10000</u> .	Person X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
886		s15000.	Person X Payroll
(a) No.	(b) Name, ackirese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
387		s25000.	Person X Payroli Noncash (Completa Part II for noncash contributions.)
(a) No.	(b) Name, address, and 23P + 4	(c) Total contributions	(d) Type of contribution
888		s 5000.	Person X Psyroll  Noncesh  (Complete Part II for noncesh contributions.)
e52 11-D1.		Schedulu B (Form	990, 990-EZ, or 890-PF) (20
1107		hamber of Commerce of	the USCOC

3.446		Total Contraction	Type or contribution
888		_ s 50	Person X Payroll
		-  <b>*</b>	(Complete Part II for
723452 11-0		Schedulu	noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (2017)
041107	167 7 351881 USCOC 2017.04000 Chamb	per of Commerce	e of the USCOC_1
Schedule Name of pr	B (Form 990, 990-EZ, or 990-PF) (2017)		Page 2 Employer identification number
	er of Commerce of the USA		53-0045720
Pert I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	33 0043720
(0)	(b)	{c}	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
895	Í	-1	Person X
		_ s250	
		_	noncash contributions.)
(a) No.	(b) Name, address, and 23P + 4	(c) Total contribution	(d) Type of contribution
896			Person X
====		350	Payroll
		-   •	(Complete Part (I for
		-	noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
897		_	Person X
		s 150	00. Noncash
			(Complete Part II for noncash contributions.)
(0)	(b)	- (c)	(4)
No.	Name, address, and ZIP + 4	Total contribution	
898		<b>-</b> :	Person X
		\$\$50	
		_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
899			Person X
		s 650	Payroli
		_ s6501	(Complete Part II for
$\perp$		-	noncash contributions.)
(n) Ho.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
900			Person X
		- s 600	Payroff

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hamber of	Commerce of the USA		5	3-0045720
Part I Contr	ibutors (see instructions). Use duplicate copies of Part	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	outione	(d) Type of contribution
889		s	5000.	Person X Peyroll
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
890		s	5000.	Person X Payroll I Nonceah (Complete Part II for nonceah contributions,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utlons	(d) Type of contribution
891		s <u>_</u>	0000.	Person X Payroll
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
892		ss	5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	rtions	(d) Type of contribution
393			5000.	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	rtione	(d) Type of contribution
994		s	5000.	Person X Peyroll

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Chamber	of Commerce of the USA	0.00	53-0045720
8,6	ontributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
901 _		ss20000	Person X Payroll
(a) No.	(b) Fiame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
902		ss2500	Person X Payroll O. Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
903		ss	Person X Payroll  Noncach (Complete Part II for noncach contributions.)
(a) No.	(b) Marme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
904		ss260000	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
905		ss	Person A Peyroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
906		ss	Person X

53-0045720 Chamber of Commerce of the USA Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is no (u) No. Type of contribution **X** 907 10000. (a) No. 908 5000. Complete Part II for oncash contributions.) (a) No. 909 12500. (u) No. Person X
Payrol 910 10000. (d) Type of contribution 911 (a) No. 912 200000. (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 171 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

Schedule B (Form 99) Name of organization	0, 990-EZ, or 990-PF) (2017)	Emplo	Page yer identification number
	Commerce of the USA		3-0045720
and a second second	butors (see instructions). Use duplicate copies of Part I		
(a) Mo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
919		s 20000.	Parson X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
920		ss	Person X Payroll  Noncesh  (Complete Part II for noncesh contributions.)
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
921		s20000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
922		ss12000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923		s140000.	Person A Payrott
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
924		s 10000.	Person X Payroll Noncesh

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hamber of	Commerce of the USA	5	3-0045720
Part I Contri	butors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
913		ss	Person X Peyroli I Noncesh I (Complete Part II for noncesh contributions.)
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
914		ss	Person X Payroll   Noncesh   (Complete Part II for noncesh contributions.)
(a) No.	(b) Karne, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
915		s10000.	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
916		ss	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	[c] Total contributions	(d) Type of contribution
917		s5000.	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
918		5 200000	Person X Payroli U Noncasti I for

Name of or	3 (Form 990, 990-EZ, or 990-PF) (2017) pakizallok	Ti-	Pag Employer identification number
Chamb	er of Commerce of the USA		53-0045720
Part 1	Contributors (see instructions). Use duplicate copies of Part I	if edditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
925		ss	Person X Payroll
(a) No.	(b) Name, ackinsse, and ZIP + 4	(c) Total contribution	(d) Type of contribution
926		s10000	Parson X Payroll O. Noncash (Complete Part II for noncash confributions.)
(a) Mo.	(b) Name, address, and ZIP + 4	(c) Yotal contribution	(d) Type of contribution
927		s 19500	Person X Payroll
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
928		s500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
929		s1000	Person X Payroll Noncash (Complete Part II for noncash contributions.
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
930		s1900	Person X Payroll   (Complete Part II for noncash contributions)

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	Commerce of the USA		3-0045720
Part I Contri	butors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
931		s 110000.	Person X Payrol Noncash (Complete Part II fo noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
932		ss	Person X
(a) No.	(b) Name, eddress, and ZIP + 4	(c) · Total contributions	(d) Type of contribu
933		s10000.	Person X Payroll Noncash (Complete Part II fo noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
934		ss	Person X Payroll Noncash (Complete Part if for roncash contribution
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribut
935		s 20000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
936		s 150000.	Person X Payroll Noncesh (Complete Part II for noncesh contribution
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Chamber of Commerce of the USA 53-0045720 Part f (d) Type of contribution Person X Psyroit I 937 200000. (e) No. 938 Person X Payroll | | | Noncesh | | 10000. (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions Person X Payroll D Honcash C Complete Part II for ioncash contributions. 939 7500. (a) No. 940 10000. (Complete Part II for noncash contributions.) 941 Person X Peyroli \_\_ Noncash \_\_ 10000. (a) No. 942 5000. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2017) 176
2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

fee of organiza	idos	Em	Page lidestification number
Chamber of Commerce of the USA			53-0045720
entl C	ontributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
943 _		s25000	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(n) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution
944		ss	Person X Payroll (Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
945 _		s 20000	Person X Payrolf  Noncash (Complete Part II for noncash contributions.)
(e) . No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
946		ss	Parson X Payroll
(a) No.	(b) Neme, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
947 _		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>	aPPT and describe the form	s9965	Person X Payroli  Noncash (Complete Pari li for

Chamber of Commerce of the USA			53-0045720
	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed.	55 5045720
(m) No.	(b) Hame, addresa, and ZIP + 4	(c) Total contributions	(d) Type of contribution
949 -		\$ 250000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
950		ss	Person X
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
951 - -		ss	Person X. Psyroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
952 -		ss35000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
953 -		s45000	Person X Psyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
954	,	ss	Person X Payroll Noncesh (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

	Emplo	yer identification number
mmerce of the USA	5	3-0045720
	f additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ss	Person X Peyroli   Noncash   (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ss	Person X Payrol  Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, softress, and ZSP + 4	(c) Total contributions	(d) Type of contribution
	\$50000.	Person X Psyrol
(b)	(c) Total contributions	(d) Type of contribution
	and the second s	Parson X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s30000	Person X. Payroli Noncash (Complete Part II for noncash contributions.
	(b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4	Column

						noncasi	o contribu	tions	
723452 19-01-	17	179		Schedule B	(Forte	90, 990-	Z, or 990	PF) (2	017)
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Schedule B Name of org	(Form 990, 990-EZ, or 990-PF) (2017) enization	×.		1	Employ	er identifi	cation Rus		ge 2
Chambe	er of Commerce of the USA				53	-004	5720		_
Part I	Contributors (see instructions). Use duplicate copies of P.	art I il additiona	зрасе в	needed.					_
(a) No.	(b) Name, address, and ZSP + 4		Tot	(c) al contribution		Тура	(d) of contr	lbutic	<u></u>
967			s	21500	00.	(Compl			.)
(a) No.	(b) Name, eddress, and ZIP + 4		Tot	(c) al contribution	5	Type	(d) of contr	fbutk	on .
968			s	100		Peri Pay Non (Compl	son .	X)	
(a)	(b)		79240	(c)	00		(4)	100000	
No.	Name, address, and ZIP + 4		Tol	ai contribution	18	Туре	of contr		on
969			s	100	00.	(Comp			a.)
(a) No.	(b) Name, address, and ZIP + 4		To	(c) tal contribution	4	Тур	(d) of cont	tbuti	on.
970			s	3350		(Comp		It for	<b>x</b> )
(a) No.	(b) Name, address, and ZIP + 4		To	(c) tal contribution	ns	Тур	(d) of conb	ributi	on
971			s_		00.	Pary Pary Hor (Comp	ton	X IIII	
(a) No.	(b) Name, address, and ZIP + 4		To	(c) tal contribution		Tyen	(d) e of cont	ributi	on
200.000	remove, meaning, more day + n		1.0	- Salvadia			- 55		
972			s	1500	00.	Pay No.	non roll neash sete Part sh contril	II for	HS.)

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			3-0045720
Volume	er of Commerce of the USA  Contributors (see Instructions). Use duplicate copies of Part I		5 0043.20
Part J		(c)	[d]
(d) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
961		ss15000.	Person X Psyroll Noncesh (Complete Part II for noncesh contributions.
(a)	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, sooress, and 24" + 4	100000000000000000000000000000000000000	-
962		s 30000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
963		ss	Person X Payroll Person Payroll (Complete Part II for noncesh contributions
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
964		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
965		\$10000	Person X Payroli Noncash (Complete Part II for noncash contributions
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
966		ss_24955	Person X
723482 17-		Schadula & (Fr	erm 990, 990-EZ, or 990-PF)

tame of orga	(Form 990, 990-EZ, or 990-PF) (2017) Initiation	Em	Page ployer identification number
hambe	r of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
973		s5000	Person X Payroli Noncaeh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, activess, and ZIP + 4	(c) Total contributions	(d) Type of contribution
974		ss	Person X Payroll (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
975		s12000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
976		s <u>100000</u>	Person X Psyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
977		s15000	Person X Psyroli  Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Meme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
978		ss10000	Person X Payrol  Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
979		ss	Person X Payroti I Noncesh I (Complete Part II for noncesh contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
980		ss_	Person X Psyroil O Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
981		ss40000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
982		ss	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
983		s6500.	Person X Payroll
(a) No.	(b) Name, addrass, and ZIP + 4	(c) Total contributions	(d) Type of contribution
984		ss_	Person X Peyroll
41107		Schudulu B (Form 183 hamber of Commerce of	990, 990-EZ, or 990-PF) (1 the USCOC_

	Emp	loyer identification num
Commerce of the USA		53-0045720
<b>butors</b> (see instructions). Use duplicate copies of Part	f if additional space is needed.	200
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
	s15000.	Person Payroll Noncash (Complete Part III noncash contribut
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrik
	s 125000.	Person Di Peyroli Noncesh (Complete Pari III noncesh contribut
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
	ss	Person Peyroll Noncash (Complete Part II I
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
	s10000.	Person Payroli Noncash (Complete Part II f
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
- 4.2	s150000.	Person Department of the Payroll Moncash Complete Part II I noncash contribut
(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contrib
	s100000.	Person Payroll Noncash (Complete Part II if noncash contribut
	buttors (see instructions). Use duplicate copies of Part  (b)  Name, address, and ZIP + 4  (b)  Name, address, and ZIP + 4  (b)  Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4	Commerce of the USA

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hamber of	Commerce of the USA		53-0045720
	butors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(e) No.	(b) Harrie, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
991		s	Person A Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	id) ns Type of contribution
992		ss	Person X. Payroll Noncash (Complete Part 3 for noncash contributions.)
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
993		ss	Person X Payroll       Noncesh     (Complete Part If for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
994		ss1249	Person A Payroll Moncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
995		s2200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
996		s120	Person X Peyrol

Schedule l	B (Form 990, 990-EZ, or 990-PF) (2017)	[6n	Page 2
	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
997		s28000	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
998		s100000	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
999		s1099800	Person X Payro# Noncesh (Complete Part II for noncesh contributions.)
(n) Mo.	(b) Name, address, and ZIP + 4	(c) Tatal contributions	(d) Type of contribution
1000		ss	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1001		s10000	Person X Payroll
(a) No.	(b) Name, address, and ZFP + 4	(c) Total contributions	(d) Type of contribution
1002		s100000	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization 53-0045720 Part 1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. 1003 190000. 1004 15000. Complete Part II for oncash contributions.) (d) Type of contribution (b) Name, address, and ZIP + 4 Person X Payroll \_\_\_\_ Noncash \_\_\_ 1005 450000. (e) No. Person
Payroll
Noncesh
(Complete Part II for
noncesh contributions.) 1006 50000. (a) No. 1007 12000. implete Part II for neash contributions.) (a) No. 1008 650000. 996, 990-EZ, or 890-PF) (2017) 187 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

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Commerce of the USA		3-0045720
Autors (see instructions). Use duplicate copies of Part I i	fadditional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ss	Person X Psyrol
(b) Name, address, and ZRP + 4	(c) Total contributions	(d) Type of contribution
	s50000.	Person X Payroli
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	55	Person A Payroli
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ss	Person X Payroll I Noncesh (Complete Part II for roncesh contributions
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ss	Person X Peyrol
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ss	Person Payroll Moncash (Complete Part II for
	(b) Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4  Name, address, and ZIP + 4	Name, address, and ZIP + 4   Total contributions

Schedule is (Form 99) Neme of organization	0, 990-EZ, or 990-PF) (2017)		Employ	Page : er identification number
10 13	Commerce of the USA		53	-0045720
25 and 27 and	butors (see instructions). Use duplicate copies of Part I	if additional space is needed.	1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
1015		s1	5000.	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total centribu	tions	(d) Type of contribution
1016		s203	5000.	Person X Psyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	rtions	(d) Type of contribution
1017		s45	0000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	rtions	(d) Type of contribution
1018		s 5	0000.	Person X Payroli
(a) No.	(b) Name, address, and ZEP + 4	(c) Total contrib	utions	(d) Type of contribution
1019		ss15	0000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
1020		ss	5000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
		4.1	ule B /Form	990 990-F7 or 990-PF172

Name of organization			Employ	er identification sember
Chamber of	Commerce of the USA		53	-0045720
	butors (see instructions). Use duplicate copies of Part I	if additional space is needed.		
(a) 860.	(b) Name, eddress, and ZIP + 4	(c) Total contribu	rtione	(d) Type of contribution
1021		ss	0000.	Person X Peyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	rtione	(d) Type of contribution
1022		s2	5000.	Person X Peyroll Noncash (Complete Pert II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	rtions	(d) Type of contribution
1023		s2	0000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
1024		s10	0000.	Person X Payroli
(e) No.	(b) Neme, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
1025		s 9	2000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utlons	(d) Type of contribution
1026		s	9115.	Person X Peyroll Noncash (Complete Part II for noncash contributions.)

Chamber of Commerce of the USA 53-0045720 Part I **X** 1027 100000. omplete Part II for Incash contributions.) (a) No. 1028 44970. (a) No. [**X**.] 1029 20000. (a) No. (b) ne, address, and ZIP + 4 Person X Payroll ... Noncash ... 1030 125000. (e) No. X 1031 Complete Part II for oncash contributions. (m) No. 1032 5000. 17041107 351881 USCOC

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Chamber of Commerce of the USA X 1039 15000. (a) No. Person X
Psyroll | |
Noncesh | |
Complete Part II for concesh contributions.) 1040 12000. (a) No. (c) Total contributions Person X Payroll \_\_\_ Noncash \_\_\_ 1041 100000. (b) Name, address, and ZIP + 4 1042 185000. (a) No. 1043 50000. (Complete Part II for noncash contributions.) (a) No. 1044 600000.

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		Em No.	ployer idestification number
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Part I	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1033		s 100000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1034		ss23700	Paraon X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1035		s26000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1036		ss24947	Person X Payroll
(e) No.	(b) Name, address, end ZIP + 4	(c) Total contributions	(d) Type of contribution
1037	-	s5000	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1038		ss	Person X Payroll  Noncesh (Complete Part II for noncesh contributions.)

Name of orgi	(Form 990, 990 EZ, or 990 PF) (2017) anization		Page 2 Employer identification sember
Chambe	r of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	2. 20 2.42
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1045		ss	Person X Payrol
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1046		ss	Person X Payroll
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1047		s \$60450	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Tatal contribution	(d) Type of contribution
1048		ss	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1049		s 50000	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1050		<u> </u>	Person X Peyroll
20452 11-01-	17.	Schadala B	(Form 990, 990-EZ, ar 990-PF) (2017)

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	outors (see instructions). Use duplicate copies of Parl I	f additional space is needed.		
(a) No.	(b) Hame, eddrass, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
.051		ss	5000.	Person X Payrot
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotal contribu	rtione	(d) Type of contribution
1052		\$25	0000.	Person X Payrell 1 Honceah (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribe	itions	(d) Type of contribution
1053		ss	0000.	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
1054		s 9	0000.	Person X Payroll
(e) No.	(b) Name, address, and 2IP + 4	(c) Total contrib	utions	(d) Type of contribution
1055		s5	0000.	Person  Peyrol  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
1056		ss	.0000.	Paraon X Payroll
723452 11-51-17		Sche	dule B (Form	990, 990-EZ, nr 990-PF) (20

Chaudus B (Form 990, 990-EZ, or 990-PF) (2017)  Name of organization  Chamber of Commerce of the USA			Pag sloyer identification number
			53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1063		ss	Person X Payroll Noncash (Complete Part I) for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1064		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1065		s100000	Person X Peyroll Noncesh (Complete Part II for noncesh contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1066		ss	Person X Payroli
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1067		s257500	Person
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1068		ss	Person X Payroll  Noncesh (Complete Part II for

	m 990, 990 EZ, or 990 PF] (2017)		Page 2 Employer identification number
Name of organiza			53-0045720
	of Commerce of the USA		33-0043720
	ontributors (see instructions). Use duplicate copies of Part I		T (d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	770 0 0
1057		s1000	Person X Psyro6 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Tatal contribution	(d) Type of contribution
1058		s50	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
Ie) No.	(b) Name, oddrese, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1059		s700	Person X Payroll OC. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	kØ Type of contribution
1060 -		ss	Person X Peyroll   Noncesh   (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1061		ss	Parson X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) tripe of contribution
1062 -		ss6	Person B Peyroli

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dame of organiza	n 990, 990-EZ, or 990-PF) (2017)	-	mployer identification number
Chamber of Commerce of the USA			53-0045720
20 20 20	entributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	***
(s) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1069		s600	Person A Payroll O. Noncash (Complete Part II for noncash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1070		s6911	Person X Payroll  Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, eddress, and ZSP + 4	(c) Total contributions	(d) Type of contribution
1071		ss	Person X Peyro®
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1072		s1200	O . Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1073		ss	Person X Payrol  Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1074	***	s	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-FF) (2017)
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F) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1075		s150000.	Person X Payroll I Noncash (Complete Part II for noncash contributions
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1076		ss100000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1077		ss	Person X Peyroti
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1078		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1079		ss	Person X Peyroli     Noncash     (Complete Part III for noncash contributions.
(a) Na.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1080		ss	Person X Payroll
41107		Bohadula B (Form 199 hamber of Commerce of	\$60,980-FZ, or 980-PF)(2 the USCOC

Name of or	TACODO O COMO	Emp	oyer identification number
Chamb	namber of Commerce of the USA 5		
Part I	Contributors (see instructions), Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>1081</u>		ss15000.	Person X Payroli
(a) No.	(b) Name, eddrese, and ZIP + 4	(c) Total contributions	(d) Type of contribut
1082		s 150000.	Person Psyrol Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
1083		s5000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
1084		ss	Person X Payroll
(m) Mo.	(b) Name, address, and ZIP + 4	(e) Total contributions	(d) Type of contribut
1085		ss20000.	Person X Payroti I Noncash (Complete Pert II for noncash contribution
(a) No.	(b) Neme, eddress, and ZIP + 4	(c) Tatal contributions	(d) Type of contribut
1086		ss	Person X Payroll

ame of orga	AizeUec	Emple	yer identification number
Chamber of Commerce of the USA			3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part :	If additional space is needed.	
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.087		ss	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
880.		ss	Person Payroll Nonceeh (Complete Part II for noncesh contributions.)
(s) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>e80.</u>		ss110000.	Person X Payroll I Noncesh I (Complete Part II for noncesh contributions.)
(II) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.090		s <u>100000.</u>	Person X Payroll Shoncash (Complete Part II for noncash contributions.)
(II) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.091		ss10100.	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.092		ss	Person X Payroll  Noncesh  (Complete Part II for noncesh contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page
Name of or	genization		Employer identification number
Chamb	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I il addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) One Type of combillation
1093		_ _ _ _	Parson X Psyrol
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
1094		_ s250	Person X Payroll Noncesh (Complete Parl II for noncesh contributions.)
(m) Ma.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
1095		ss	Person X. Payroll  Noncesh (Complete Part II for noncesh contributions.)
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
1096		ss125	Person X Payroll (Complete Part II for noncesh contributions.)
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
1097		- ss	Person X Payvol  Noncash (Complete Part Il for noncash contributions.)
(u) No.	(b) Hame, address, and ZIP + 4	(c) Total contributi	(d) One Type of contribution
1098		s10	Person X Peyroli

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nambe	er of Commerce of the USA	53	-0045720
art !	Contributors (see instructions). Use duplicate copies of Part I	il additional space is needed.	_
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1099		ss9000.	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1100		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(e) Total contributions	(d) Type of contribution
1101		s19115.	Person X Payroli U Noncesh (Complete Part I) for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1102		s70000.	Person X Payrol
(m)	(b)	(c) Total contributions	(d) Type of contribution
Ho. 1103	Name, eddress, and ZIP + 4	ss60000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1104		s15000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
723457 11-	91.17	Sahedule B (Farr	990, 990-EZ, or 990-PF) (2

namber of (	amber of Commerce of the USA 53-		
	utors (see instructions). Use duplicate copies of Part I is	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		s100000	Person X Payrol
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
106		s35000	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, addrese, and ZIP + 4	(c) Total contributions	(d) Type of contributi
107		ss	Person X Payrell
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
.108		s10000	Person X Payvoli Noncesh (Complete Part II for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
1109		s5000	Person X Payroll Honcash (Complete Part II to noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
1110		s 10000	Person X Payroll Noncesh (Complete Part II for

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
111 _		ss1306000.	Person Payroll Noncesh (Complete Part II for noncesh contributions.)		
(a) No.	(t) Name, address, and ZIP + 4	(c) Tatel contributions	(d) Type of contribution		
-		ss20000.	Person X Payroll S Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
.113		ss9985.	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)		
(a) No.	(b) Neme, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
.114		ss	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1115		ss34625.	Person X Payroll		
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1116		s <u>20000</u>	Person X Payroll  Noncash (Complete Part II for noncash contributions.		

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Chamba	er of Commerce of the USA	5	3-0045720
Part I	Contributors (see instructions), Use duplicate copies of Part I		
(a) No.	(b) Neme, eddress, and ZIP + 4	(a) Total contributions	(d) Type of contribution
1117		s50000.	Person X Psyroli I Noncesh (Complete Part II for noncesh contributions.)
(a) No.	Name, eddrese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1118		ss75000.	Person X Peyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1119		ss20000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1120		s6375.	Person X Peyrol Noncash Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1121		s100000.	Person X Payroti Noncash (Complete Part II for noncash contributions.)
(#) No.	(b) Name, address, and ZIP + 4	(e) Total contributions	(d) Type of contribution
1122		ss	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)

and a vivial	of Commerce of the USA		3-0045720
(4)	ontributors (see instructions). Use duplicate copies of Part		66
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
1123		s 8115.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
1124		*\$.	Person X Payros
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
1125 _		s10500.	Pareon X Payroli III Noncash (Complete Part II for noncash contribution
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
1126 _		ss	Payroli
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contributi
1127		ss22500.	Person X Payroll
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1128		ss	Person X Payroll
23452 11-01-17		207	990, 990-EZ, or 890-PF)

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The second secon	Commerce of the USA		53-0045720
Part I Contr	ributors (see instructions). Use duplicate copies of Part	I il additional space is needed.	
(a) No.	(b) Name, addrass, and ZIP + 4	(c) Total contribu	(d) Ilona Type of contribe
1129		s	Person X Payroll Noncesh (Complete Part II to noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) lone Type of contribu
1130			Person X Payroll Noncash (Complete Part II fo noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) iona Type of contribu
1131		s50	Person X Payroll  Noncesh (Complete Part II to noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ione Type of contribu
1132		s10	Person X Payroll  Noncesh  (Complete Part ill for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ons Type of contribu
1133		ss	Person X. Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) One Type of contribut
1134		ss	Parson X Payrol O00. Noncash (Complete Part II for noncash contribution

Name of org	u nization	Emp	oyar identification number
Chambe	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1135		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1136		s14000.	Person X Psyroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
1137		ss1375000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZBP + 4	(c) Total contributions	(d) Type of contribution
1138		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		ss19115.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		ss	Parson X Payroll   Noncesh   (Complete Part II for noncesh contributions.)

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Chamber of	Commerce of the USA	5	3-0045720
Allessa waxaan	ibutors (see instructions). Use duplicate copies of Part	and author to	
(n) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
1141	-	ss	Parson X Payroli Noncesh (Complete Part II for noncesh contributions.)
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1142		s <u>5400.</u>	Person X Payroli (Complete Part II for noncash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L143		ss200000.	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(a) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
1144		ss200000.	Person Payrolt Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ss	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1146		ss30000.	Person X Payroll

Em	Page 2 ployer identification number	
	53-0045720	
d.	2	
(c) Total contributions		
50000	Person X Payroll Oncode (Complete Part II for noncash contributions.)	
c) itributions	(d) Type of contribution	
5000	Person X Payroll	
c) ntributions	(d) Type of contribution	
20000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(c) stributions	(d) Type of contribution	
40000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(c)	(4)	
enoituditions	Type of contribution	
2000	Person X Psyroil Noncesh (Complete Part It for noncesh contributions.)	
(c) etributions	(d) Type of contribution	
1000	Person X Payroti  Noncash (Complete Part If for roncash contributions.)	
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Chamber	of Commerce of the USA		53-0045720
C 100	ontributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s150000	Person X Payroli  Noncash (Complete Part II for noncash contributions.)
(a) 160.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1160		s19960	Person X Payroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.161 		s 2000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L162		s10000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1163		s500	Person X Payroli   Noncesh   (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution
1164		ss	Person X Payroll   Noncash   (Complete Part II for

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:nambe: Part i	r of Commerce of the USA  Contributors (see instructions). Use duplicate copies of Part I		
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1153		ss	Person & Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1154		s 19972.	Person X Peyrol Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIF + 4	(c) Total contributions	(d) Type of contribution
1155		ss74944.	Parson X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1156		s150000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ব) Type of contribution
1157		s5000.	Person Peyroll Noncash (Complete Part if for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1158		s75000.	Person X Payroli

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Chambe	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if edditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1165	·	s10000	Person X Payrott
(a) No.	(b) Name, address, and ZSP + 4	(c) Yotal contributions	(d) Type of contribution
1166		ss	Person X Payroll Nonceeh (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1167		ss1000	Person X Payroll O. Noncash (Complete Part II for noncash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1168		s 5	Person X Peyroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1169		ss	Person X Payroll     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1170		<u> </u>	Person X Peyroll

Schedule 8 (Form 990, 990-22, or 990-FF) (2017)
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Name of organization		-	mployar identification number
Description of the Control of the Co	Commerce of the USA		53-0045720
Part f Cont	ributors (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1171		\$ 25000	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1172		ss	Person X Peyvol  Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1173		ss	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1174		ss7500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1175		s 10000	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1176		s150000	Person X Payroll
723452 11:01-17	3 <del>- 1</del> 3 334		orm 980, 980-EZ, or 990-PF) (2
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Part I	Contributors (see instructions). Use duplicate copies of Part	if additional appear is needed	
(A)	<del></del>		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1177		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(e) Total contributions	(d) Type of contributio
1178		s 7500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1179	1.0	ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L180		\$10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
.181		s140000.	Parson X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Tatal contributions	(d) Type of contributio
182		ss	Person X Payroll Interpreted I

tame of organization	¥6	Empl	ayer identification number
Chamber of	Commerce of the USA	5	3-0045720
	ibutors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1183		s15500.	Person X Payroti D Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1184		s50000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1185		s 70000.	Person X Peyroll Noncash (Complete Part II for noncash contributions.)
(s) No.	(tr) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ss	Parson X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1187		s 10000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L188		ss	Person X Payroll   Nonceth   (Complete Part II for noncesh contributions.)

	(Form 990, 990-EZ, or 990-PF) (2017)	2-20	Page 2
Name of orga	nizetion	Empli	oyer identification number
Chamber of Commerce of the USA		. 5	3-0045720
Part 1	Contributors (see instructions). Use duplicate copies of Parl I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1189 .	0.0000000000000000000000000000000000000	s127500.	Person X Psyroti Unocash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1190 .		s9000.	Person S Payroli Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	ic) Total contributions	(d) Type of contribution
1191		sls	Person X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1192		ss250000.	Parson X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and 23P + 4	(c) Total contributions	(d) Type of contribution
1193		sss	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(e) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1194		s <u>100000</u> .	Person X. Payroll

ne ol grg	genization	Employ	er identification number
nambe	er of Commerce of the USA	53	-0045720
art I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195		ss	Person X Payroll   Noncesh   (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotel contributions	(d) Type of contribution
197		ss	Person Peyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZBP + 4	(c) Total contributions	(d) Type of contribution
198		s10000.	Person X Payroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		ss	Person X Peyroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200		ss125000.	Person X Payrol
73452 11-	91-17	Schedule B (Fort	n 990, 990-EZ, or 990-PF) (2

Schedule I Name of an	Page 2 yer identification number		
	er of Commerce of the USA		3-0045720
Part I	Contributors (see instructions), Use duplicate copies of Part I		T (a)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1207		ss29967.	Person X Payroll     Honcash     (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1208		s100000.	Person X Peyrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1209		ss_65000.	Person Payroll Noncesh (Complete Part II for noncesh contributions.)
(#) No.	(b) Mame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1210		ss1500 <u>0.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
1211		ss25000.	Person X Payroll Nonceeh (Complete Part II for noncash contributions.)
la) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1212		ss_45000.	Person X Payroll Noncash Complete Part II for

arme of an	ne nization	16	Employer identification number	
Name of organization Chamber of Commerce of the USA			53-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
201		ss	Person X Payroll   Noncash (Complete Part II for noncash contributions.)	
(e) No.	(b) Nerve, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
1202		s5500	Person X Payroli (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
1203		ss	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
1204		s100	Person X Payrol Oo. (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
1205		s56	Person X Payrol Noncesh (Complete Part II for noncesh contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
1206		s100	Person X Peyroll	

Name of on	panization	Empl
Chamb	er of Commerce of the USA	5
Part I	Contributors (see instructions). Use duplicate copies of Part I	
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions
1213		s 56615.
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions
1214		s350000.
(a) No.	(tr) Name, address, and ZIP + 4	(c) Total contributions
1215		s 5000.
(s) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
1216		s2000000.
(e) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions
1217		ss
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
1218		s 10000

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53-0045720

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Chamber of Commerce of the USA 53-0045720 (n) No. 1219 7500. (a) No. (b) Name, addrese, and ZIP + 4 X 1220 530615. (c) Type of contribution Person X
Payroll 
Noncesh 1221 25000. (e) No. Hame, address, and ZIP + 4 Person X Payroli \_\_ Noncesh \_\_ 1222 300000. Complete Part II for loncash contributions.) (d) Type of contribution × 1223 800000. (e) No. (b) Name, address, and ZIP + 4 1224 50000. Schadula & (Form 960, 960-EZ, or 960-PF) (2017) 223 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 53-0045720 Chamber of Commerce of (a) No. (c) Total contributions (d) Type of contribution Person X Psyroll | | Noncash | | 1231 15000. (a) No. Person X
Payroll | 1232 10000. (d) Type of contribution (a) No. (c) Total combibutions Person X.
Payroll ...
Noncesh ... 1233 30000. (a) No. (b) Name, address, and ZIP + 4 X 1234 100000. (a) No. X 1235 100000. Complete Part II for noncash contributions.) (a) No. 1236 5500.

Name of org	3 (Form 990, 990-EZ, or 990-PF) (2017) Instrution		Pag Employer Identification number
Chambe	er of Commerce of the USA		53-0045720
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1225		s56500	Person X Payroll Shoncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1226		s6930	Person X Payroli   Noncesh   (Complete Part II for noncesh contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1227		s1500	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Hame, address, and 2IP + 4	(c) Total contributions	(d) Type of contribution
1228		s31700	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1229	***	ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1230		ss7500	Person X Payrol

	B (Form 990, 990-EZ, or 990-PF) (2017) ganization		Page Employer identification suraber
Chamber of Commerce of the USA		53-0045720	
Part !	Contributors (see instructions). Use duplicate copies of Part I if addition.	at space is needed.	
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Ye Type of contribution
1237		s1000	Person X Payroll Oo.  Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns. Type of contribution
1238		s100	Person X Payroll
(e) No.	(b) Name, address, and ZEP + 4	(c) Total contribution	(d) is Type of contribution
1239		s100·	Person X Payroll
(a) No.	(ti) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
L240		s3700	Person X Payroll OD. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
241		s1000	Person X Payroll O (Complete Part II for noncash contributions.)
(n) No.	(b) Name, address, and ZIP + 4	(c) Tatal contribution	(d) Type of contribution
242		s 200	Person X Payroll

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me of organization	of the MCA	(500)600	er Identification number - 0045720
	mmerce of the USA  William (see instructions). Use duplicate copies of Part I in		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		ss277000.	Person X) Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.244		ss	Person X Payroll
(A) No.	(b) Name, address, and ZBP + 4	(c) Total contributions	(d) Type of contribution
.245		ss_	Person X Payroti Complete Part (Lor noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.246		ss25000.	Person X Payroti I Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1247		\$ <u>370000.</u>	Person X Peyroti I Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1248		s <u>110000</u> .	Person X Payroll     Noncash     (Complete Pert II for noncash contributions.)
723452 11 01:17		Schedule B (Form	n 990, 990-EZ, or 990-PF) (20°

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization		Emple	yer identification number
Chamber of Commerce of the USA			3-0045720
Part I Contrib	outors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1255		ss25000.	Person X Peyrol
(a) No.	(b) Name, address, and ZBP + 4	(c) Total contributions	(d) Type of contribution
1256		ss	Person X Peyroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1257		ss	Person X Payroli
(=) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1258		s 100000.	Person X Payroli I Noncesh (Complete Part II for noncesh contributions.)
(e) No.	(b) Neme, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1259		ss_	Person X Psyroll  Noncesh  (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1260	-	s 59973.	Person X Payroll  Noncesh (Complete Part II for noncesh contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization		Employer identification number		
Chamber of Commerce of the USA		53-0045720		
	utors (see instructions). Use duplicate copies of Part I	f additional space is needed.		
(a)	(b)	(c)	(4)	
No.	Name, address, and ZIP + 4	Total contributi	ons Type of contribution	
1249		ss	Person X Payrol Noncesh (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribut	(d) lons Type of contribution	
1250		s532	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) lone Type of contribution	
1251			Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contribu	(d) Type of contribution	
1252		s1(	Person X Payroll Moncesh (Complete Part II for noncesh contributions	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) tions Type of contribution	
1253		s256	Person X Payroll Noncesh (Complete Part II for noncesh contributions	
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contribu	(d) Type of contribution	
1254		s10	Person X Psyroll Noncash (Complete Part II for noncash contributions	

namber of Commerce of the USA  art i Contributors (see instructions). Use duplicate copies of Pan  (e) (b) (b)  Name, address, and ZIP + 4	If additional space is needed.	Person X
text 2 Contributors (see instructions). Use duplicate copies of Pan (b) No. Name, address, and ZIP + 4	(c) Total contribution	e Type of contribution Person X Payroli Nonceh
(u) (b) No. Name, address, and ZIP + 4	(c) Total contribution	Person X Payroll 10.
2261	s 9506	Payroli
		noncash contributions.
(e) (b) No. Name, address, and ZIP + 4	(c) Total contribution	(d) a Type of contribution
262	s1150	Person X Phyroll
(a) (b) (b) No. Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
263	s 500	Person X Payroll     Noncest     (Complete Part II for noncesh contributions.
(a) (b) No. Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
264	s500	Person X Payroll
(a) (b) No. Name, address, and ZD+4	(c) Total contribution	(d) Type of contribution
265	ss	Person X Payroll (Complete Part II for noncesh contributions.
(a) (b) No. Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
90. Nemo, sourges, and 207+4	s 2500	Person X

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Chamber of Commerce of the USA 53-0045720 Part I 1267 15000. omplete Part II for ricash contributions.) In) No. 1268 X 25000. (d) [**X**] 1269 10000. (a) No. X 1270 5000. (a) No. (c) Total contributions (b) lame, address, and ZIP + 4 1271 245000. omplete Part II for pricash contributions.) (a) No. (b) Neme, address, and ZIP + 4 **X** 1272 60000. Schedule B (Form 990, 990-F7, or 990-PF) (2017) 231 2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

Chamber of Commerce of the USA 53-0045720 Part I (c) 1273 Person X Payroll \_\_\_ Noncesh \_\_\_ 25000. Complete Part II for oncesh contributions.) (n) No. (c) Total contributions 1274 100000. (b) Name, address, and ZIP + 4 (a) No. 1275 X 10000. Type of contribution 1276 10000. (c) Total contributions (d) Type of contribution 1277 X Person X Payroll \_\_\_ Noncash \_\_\_ 8000. (m) No. (d) Type of contribution 1278 Person X
Payroll 8000.

Name of orga	anization	Emp	Pag loyer ideat/fication number	
Chamber of Commerce of the USA			53-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part I			
(a)	(b)	(c)	(0)	
No.	Name, eddress, and ZIP + 4	Total contributions	Type of contribution	
1279		s10000.	Person X Payroll	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1280		ss	Person X Psyrol Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1281		ss_	Person X Payroll	
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1282		ss	Person X Payrol	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1283		s63500.	Person X Peyroll Noncesh (Complete Part II for noncash contributions.)	
(II) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
.284		s10000.	Person X Payroll Noncesh (Complete Part II for noncesh contributions.)	

Name of organization	0, 990-EZ, or 990-PF) (2017)	Emol	Pag syar identification sumber		
Chamber of	hamber of Commerce of the USA				
	butors (see instructions). Use duplicate copies of Part		3-0045720		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1285		ss25000.	Person X Payroll Stoneach (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1286		s250000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(m) Mo.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution		
1287		s20000.	Person X Psyroit		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1288		ss	Person X Peyroll  Noncash (Complete Part II for noncash contributions.)		
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1289		ss	Person X Peyroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1290	1.000-0-	ss25000.	Person X Payroll Noncesh (Complete Part II for		

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Schedule B (Form 190, 180-FZ, or 980-PF) (2017 232 2017.04000 Chamber of Commerce of the USCOC\_1

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	erce of the USA		-0043720
Part I Contributors	(see instructions), Use duplicate copies of Part I i		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
291		s15000.	Person X Payroll
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1292		s 1112000.	Person X Payroll
(s) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1293		ss	Person X Payroli
(a) No.	(b) Mame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1294		ss	Person X Payroll
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1295		ss	Person X Payroli
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1296		ss	Person X Payroll   Noncash   (Complete Parl II for noncash contributions)
723452 +1-01-17		Schedule B (Form	990, 990-EZ, or 990-PF) (21

same of organization	990-EZ. or 990-PF) (2017)	Emplo	yer identification number
Chamber of	Commerce of the USA	5	3-0045720
Part I Contrib	utors (see instructions). Use duplicate copies of Parl I		8
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1303		ss10000.	Person X Payroll
(m)	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1304	HARMS, WOLLDEN, STULATE V. W.	s 20000.	Person X Payroll Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1305		s 100000.	Person X Payroll Noncash (Complete Part II for reneash contributions.)
(m) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution
1306		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Tutal contributions	(d) Type of contribution
1307		ss200000-	Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1308	- The C	s5000.	Person X Payroll Honcesh (Complete Part II for

me of pro	panitation	Emp	layer identification number			
Chamber of Commerce of the USA			3-0045720			
Pert I	The second secon					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
297		s20000	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1.298		\$6250	Person X Payroll   Noncesh   (Complete Part II for noncesh contributions.)			
(s) No.	(b) Name, address, and ZEP + 4	(c) Total contributions	(d) Type of contribution			
1299		s 1080000	Person X Payroll  Moncesh  (Complete Part II for noncesh contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1300		ss10000	Person X Payroli Noncash (Complete Part II for noncash contributions.			
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1301		s262444	Person X Payro8 Noncash (Complete Part If for noncash contributions			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1302		s108432	Person X Psyroll Noncash (Complete Part II for noncash contributions			

Name of organizat	n 990, 990-EZ, or 990-PF] (2017)	E	Page natoyer identification number
Chamber (	of Commerce of the USA		53-0045720
	ntributors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1309		s 2750	Person D. Peyrolf D. Noncesh (Complete Part il for noncesh contributions.)
(a) No.	(b) Mame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1310		s1500	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1311		s500	Person X Payroll O. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1312		ss8500	Person X Payroll  Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1313		s1000	Person X Payroll
(u) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1314		s1750	Person X Payroll
			Form 900 500, E7 or 900, PE\ (25

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53-0045720 Part I (a) No. 1315 10000. (a) No. 1316 5000. (a) No. 1317 1284000. (e) No. 1318 75000. Complete Part II for oncesh contributions.) 1319 180000. (a) No. 1320 10000. 239
2017.04000 Chamber of Commerce of the USCOC\_1 17041107 351881 USCOC

Chambe	umber of Commerce of the USA			
Part I	Contributors (see instructions). Use duplicate copies of Part		3-0045720	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1321		s10000.	Person X Payroll Interest Inte	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)	
1322		\$ 5000.	Person X Peyroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
323		s20000.	Person X Payroll Noncesh (Complete Parl II for noncesh contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
.324		s175000.	Person X Payroll Noncesh (Complete Part II for noncesh contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
325		ss	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
326		ss25000.	Person X Payroll     Nonceeh     (Complete Part II for rioncesh contributions.)	

Name of or	penizetion	Emple	Pag yer identification number
hamb	er of Commerce of the USA	5	3-0045720
Part f	Contributors (see instructions). Use duplicate copies of Pert I		3 0043720
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1327		s330000,	Person X Psyroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1328		s15000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	[d] Type of contribution
1329		ss20000.	Person X Payroti I Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and ZSP + 4	(c) Total contributions	(d) Type of contribution
1330		s15000.	Person X Payroll Moneash (Complete Part II for noncash contributions.)
(#) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1331		sss	Person X Payroll : Noncash : (Complete Part II for noncash contributions.)
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		ss	Person X Payroll
23462 11:03		Bahadula E (Carr	990, 990-EZ, or 990-PF) (20

Name of organization	7.00		Emplo	Per yer identification number
Chamber of	namber of Commerce of the USA 5			3-0045720
Part F Contr	ibutors (see instructions). Use duplicate copies of Part	If additional space is needed.		
(n) No.	(b) Name, eddress, and ZIP + 4	(c) Total contrit	outions	(d) Type of contribution
1333		s1	25000.	Person X Payroll
(m) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	outlons	(d) Type of contribution
1334		<u> </u>	25000.	Parson Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
1335		ss	10000.	Person X Peyroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(a) Total contrib	utions	(d) Type of contribution
1336		s1	5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utions	(d) Type of contribution
1337		s15	2000.	Person X Payroll
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	utione	(d) Type of contribution
1338			6000.	Person X Payroll

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me of organ			ver identification number
	of Commerce of the USA	<del></del>	3-0045720
art I	Contributors (see instructions). Use duplicate copies of Part I is	additional space is needed.	
(a) No.	(b) Name, addrese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
339		ss49975.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
340		s 10000.	Person X Payroll
(a) No.	(b) Name, eddrass, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341		ss	Payroli X Payroli Intoncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342		ss	Person X Peyrolt
(a) Ma.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		s5000.	Person X Payroll I   Noncesh II for noncesh contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344		s 100000.	(Complete Part II for noncesh contributions)
23452 11-01	-17	Schedule B (For	m 990, 980-EZ, or 190-PF) (2

hamber of C	Commerce of the USA	5	3-0045720
	utors (see instructions). Use duplicate copies of Part I I	additional space is needed.	**
(II) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345		s10000.	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1346		s25000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1347		ss	Person X Payroll Noncesh (Complete Part II for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
1348		s 12990	Person X Payroll
(a) No.	(b) Name, address, and 21P + 4	(c) Total contributions	(d) Type of contribut
1349		s50000	Person Z Peyroli
(a) No.	(b) Name, eddress, and ZIF + 4	(c) Total contributions	(d) Type of contribut
1350		ss	Person X Payroll Noncesh (Complete Part II for noncesh contribution

iame of an	8 (Form 990, 990-EZ, or 990-PF) (2017) panization	En	Employer identification number	
hambe	er of Commerce of the USA		53-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
351		s220000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
ja) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1352		s50000	Person Z. Payruli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1353		s36750	Person X Payroll Noncash (Complete Part if for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1354		ss_	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1355		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
135 <u>6</u>		s4500	Person X Payrol	

1357	Name et ar	B (Form 990, 990-EZ, or 990-PF) (2017) gestation	Em	ployer identification number
(a)   Name, address, and ZIP + 4   Total contributions   Type of contributio	Chamb	er of Commerce of the USA		53-0045720
No.   Name, address, and ZIP + 4   Total contributions   Type of contributio	Part I	Contributors (see instructions), Use duplicate copies of Part I	f additional space is needed.	
S   25000   Payod   Noncesh   Complete Part II   noncesh contributions   Payod   Noncesh   Complete Part II   noncesh contributions   Payod   Total contributions   Payod   Payod   Noncesh   Complete Part II   noncesh contributions   Payod   Noncesh   Complete Part II   noncesh				(d) Type of contribution
Name	1357		s25000	Payroll
S   15000   Person				(d) Type of contribution
Neme, eddress, and ZEP + 4   Total contributions   Type of contributions	1358		ss	Payroll
S   20000.   Payroll   Nonceash (Complete Part I nonceash contributions   Payroll   Nonceash (Complete Part I nonceash contributions   Type of contr				(d) Type of contribution
Name	<u>1359</u>		ss20000	Payroll
S				(d) Type of contribution
Name, eddress, and ZIP + 4   Total contributions   Type of contributions	1360		ss100000	Payroll
s 15000.    Sample Part   Complete Part   Comp				(d) Type of contribution
No. Name, address, and ZIP+4 Total contributions Type of contributions  1362  S 10000.	1361		s 15000	Peyroli
\$ 10000.				(d) Type of contribution
	1362		ss	Payrol

Part I	er of Commerce of the USA  Contributors (see instructions). Use duplicate copies of Part I		3-0045720
(a) Ho.	(b) Name, address, and ZIP + 4	(c) Fotal contributions	(al) Type of contributio
1363		ss	Person X Payroll D Noncesh D (Complete Part II for noncesh contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1364		ss	Person X Payroti
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1365		s 15000.	Person X Payrot
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1366		ss	Person X Payroll
(a) No.	(b) Name, eddress, and ZSP + 4	(c) Total contributions	(d) Type of contributio
1367		s10000.	Person X Payroll
(a) No.	(b) Name, eddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1368		ss	Parson X. Payroll Noncash (Complete Part II for noncash contributions
23452 11.01		247	990, 990-EZ, er 990-PF) (2
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Mame of organization	), 990-EZ, or 990-PF) (2017)	Em	Pag- ployer identification number
Chamber of	Commerce of the USA	200	53-0045720
Part I Contrib	<b>DUTOFS</b> (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1369		s55000	Person X Payrolt
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1370		ss	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1371		s100000	Person X Payroli
(u) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1372		ss25000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(e) Total contributions	(d) Type of contribution
1373	**************************************	ss	Person X Payroli D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1374		\$ 250000	Person X Psyroll   Noncash   (Complete Part II for noncash contributions.)
723482 11-01-17	-	\$ 25000	

Name of organization		Empl	loyer identification number
Chamber of	Commerce of the USA	5	3-0045720
Part I Contri	<b>DUTOFS</b> (see instructions). Use duplicate copies of Part (	if additional space is reeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1375		s 50000.	Person X Puyroll
(n) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1376		s50000.	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1377		s 280000.	Person Peyroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1378	~	s10000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1379		s200000.	Person X Payroll Noncash (Comolete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1380	- 131 AW 12	s 10000.	Person X Payroll Noncash (Complete Pari II for

	6 (Form 990, 990-EZ, or 990-PF) (2017)		Page	
Name of org	anization .	Empl	oyar identification sumber	
Chambe	er of Commerce of the USA	5	3-0045720	
Part I	Contributors (see instructions). Use duplicate copies of Part t	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1381		ss_	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1382		s10000.	Person X Payroll     Noncesh     (Complete Part II for noncesh contributions.)	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1383		s150000.	Person X Psyroll I Noncash (Complete Part II for noncash contributions.)	
(n) No.	(b) Name, address, and 259 + 4	(c) Total contributions	(d) Type of contribution	
1384		s 5000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1385		ss225000.	Person X Peyrol	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1386		s9970.	Person X Payroti Noncash (Complete Part II for noncash contributions)	

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lame of organization	990-EZ, or 990-PF) (2017)	Emplo	yer identification number
hamber of (	Commerce of the USA	5	3-0045720
Part I Contrib	utors (see instructions). Use duplicate copies of Part I	if additional space is needed.	27
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1387		s50000.	Person X Payrol
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1388		ss	Person X Payroll Noncaeh (Complete Part II for noncash contributions.)
(a) No.	(b) Hame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1389		s10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1390		ss	Person X Payrol
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1391		ss	Person X Payroll Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Neme, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1392		ss_	Person X Payvoll Noncaeh (Complete Part II for noncash contributions.)

ne of organiza	rm 990, 990-EZ, or 990-PF) (2017) itlen		Employer identification number
2	2 22 Jan 201		53-0045720
amber	of Commerce of the U	SA	1 53-0045720 ection contexy), (a), of (10) that taken more man \$1,000 f
	completing Part EI, either the lotal of exclusively religious	, chartable, etc., contributions of \$1,000 or less	for the year- (Enter the exist street
	Jse duplicate copies of Part III if addition	si space is needed.	
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
erti	<i>(</i> 1, -1, -1, -1, -1, -1, -1, -1, -1, -1, -		
-		(e) Transfer of giff	
l l		(a) II a lain or give	
Ť	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee
	11,21,111,111,111,111,111,111,111,111,1		
M			200.00
n2			
No.			
OFF	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
r11			
-			
		(1) Sull Sull Sull Sull Sull Sull Sull Sul	
_		-	
		(e) Transfer of gift	
1			
	Transferee's name, address, a	nd 73P + 4	Relationship of transferor to transferee
_			
_			
1-			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how giff is held
arti			-
		-	- I -u ··
	74 1		1000
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	, P <u>— _</u>		<del></del>
1-			27500
/ <b>-</b>	* *	100	
) No.		to the of the	(d) Description of how gift is held
ert I	(b) Purpose of gift	(c) Use of gift	(a) Description or now gift is need
The second		10 10-20	
[ =		N MARCANIA	_
			-
		(e) Transfer of gift	·
			References of humanisms to transfer
<b>—</b>	Transferee's name, address, s	ma 23 + 4	Relationship of transferor to transferee
_	1.44		

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Schedule B (Ferm 900, 900-EZ, 4: 900-PF) [2017]
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hedule B (Form 99 me of organization	90, 990-EZ, or 990-PF) (2017)	Employe	Identification number
98		1	0045720
	Commerce of the USA		0043720
art II Nonc	ash Property (see instructions). Use duplicate copies of Pr	art II if additional space is needed.	
(#) No. From Part I	(b) Description of noncesh property given	(a) FMV (or estimate) (See instructions.)	(d) Date raceived
-\=		= ,	
(a) No. from	(b) Description of noncesh property given	FMV (or estimate) (See instructions.)	(d) Date received
		=	
(e) No. from Part I	(b) Description of noncesh property given	(c) FWV (or estimate) (See instructions.)	(d) Date received
-=		<u> </u>	
(a) No. trom	(b) Description of moncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncesh property given	FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part 1	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_=		≡.	

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### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990	0-EZ, Part V, line 46 (Political Campaign Activities), then
--	---

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

## If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.		We we	
Nan	ne of organization	_	N. Control of the Con	Empl	oyer identification number
-	Cham	ber of Commerce of t	he USA		53-0045720
Pa	art I-A Complete if the	organization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2	Political campaign activity exp	rganization's direct and indirect politica penditures ampaign activities		<b>▶</b> \$	3071946.
Pa	art I-B Complete if the	organization is exempt unde	r section 501(c)(	8)	
		e tax incurred by the organization unde			· · · · · · · · · · · · · · · · · · ·
2	Enter the amount of any excis	e tax incurred by organization manager	s under section 4955	<b>▶</b> \$	
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 fo	or this year?	······································	Yes No
ь	o If "Yes," describe in Part IV.				
Pa		e organization is exempt unde			
1		ended by the filing organization for sect		11.130.11.154.131.	3051646.
2	250.0	organization's funds contributed to other	R R MANAGEMENT TO AN LOUIS STATE		
					20300.
3	THE RESIDENCE AND A PROPERTY OF THE PROPERTY O	itures. Add lines 1 and 2. Enter here an	A SHE WAS THE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	No. 2	2071046
	line 1/b	4400 DOI 4		▶\$	3071946.  X Yes No
		Form 1120-POL for this year? nd employer identification number (EIN			30 TO 10 TO
3	made payments. For each org contributions received that we	anization listed, enter the amount paid are promptly and directly delivered to a	from the filing organiza separate political orga	ation's funds. Also enter th nization, such as a separa	e amount of political
_		C). If additional space is needed, provide	THE DOT STREETING OF THE STREET	Caracter du Dis de Maria A Talifo	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
	publican State	1201 F ST NW			
Le	adership Committ	Washington, DC 20	05-0532524	15000.	0.
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017 C	hamber (	of Commerce of	the USA	53-0	0045720 Page 2
Part II-A   Complete if the orga	nization is	exempt under section	n 501(c)(3) and file	ed Form 5768 (6	election under
section 501(h)).			=		ne addrage CIN
		n affiliated group (and list in	Part IV each affiliated (	group member's nar	ne, accress, Env,
expenses, and share					
B Check Lifthe filing organization	n checked bo	A and "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group
	on Lobbying tures" means	Expenditures amounts paid or incurred.		organization's totals	totals
1a Total lobbying expenditures to influe					
b Total lobbying expenditures to influe	nce a legislativ	e body (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					<u> </u>
f Lobbying nontaxable amount. Enter	the amount fro	m the following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: Th	e lobbying nontaxable am	ount is:		
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,000,		00,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		75,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	00,000 \$2	25,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1	,000,000.			
g Grassroots nontaxable amount (ente	er 25% of line	f)			
h Subtract line 1g from line 1a. If zero	or less, enter	)		C254	
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero reporting section 4911 tax for this y		1h or line 1i, did the organiz			Yes No
(Some organizations that	at made a sec	ar Averaging Period Under tion 501(h) election do not separate instructions for li	have to complete all o	of the five columns	below.
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	***				
b Lobbying ceiling amount	•				
(150% of line 2a, column(e))	70-00-00-00-00-00-00-00-00-00-00-00-00-0			1. Amount	
c Total lobbying expenditures					
d Grassroots nontaxable amount			*****		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	7 - 1072000				

Schedule C (Form 990 or 990-EZ) 2017

# Schedule C (Form 990 or 990 EZ) 2017 Chamber of Commerce of the USA 53-004572 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(1	o)
e lobbying activity.	Yes	No	Ame	ount
During the year, did the filing organization attempt to influence foreign, national, state or				3) ###
			ļ	
	8			
volunteers?				
Media advertisements?				
Mailings to members, legislators, or the public?				25%
Publications, or published or broadcast statements?			177	
Grants to other organizations for lobbying purposes?	İ			
Direct contact with legislators, their staffs, government officials, or a legislative body?				2200
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	*****			
Other activities?				
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				15
If "Yes," enter the amount of any tax incurred under section 4912		7.1	16	
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-	
t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or se	ction	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	_	Х
				X
			Х	h <del>as</del> a
t III-B   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or se	ction	
				e 3. is
answered "Yes."		3.72		
Dues, assessments and similar amounts from members		1	13762	9063.
	·			
Charles (Charles Charles	22	5908	2137.	
Aggregate amount reported in section 6033(e)(1)(A) notices of pondeductible section 163(e) dues		20		
			44/0	0301.
	olitical			
			6604	2426
		5	-0004	3440.
	OBLIDIA INDIA DELLE		79F-002 - 10	
	list); Part II-/	A, lines 1 a	and 2 (see	
t 1-A and Part 1-C				
Chamber engaged in public education activities in	suppo:	rt of	its	9
sion, which includes advancing the interests and co	ncern	s of 1	busine	ss.
		2500	V279	
nomic growth, and the free enterprise system. In p	pursui	c of	tnese	35
ls, the Chamber spends funds directly, or works wit	h oth	er	ng T	
anizations with similar missions.				
	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Pald staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(3)?  If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes,"  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditu	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Mailings to members, legislators, their staffs, government officials, or a legislative body?  Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Cher activities?  Total, Add lines 1c through 11  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  If 'Yes,' enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(6)  More substantially all (90% or more) dues received nondeductible by members?  Did the organization make only inhouse lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year  Till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Ye	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Medica advertisements?  Medica adv	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of through the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum, through the use of the 10 cm or referendum or refe

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Chamber of Commerce of the USA

Employer identification number 53-0045720

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	<u> </u>	
3	Aggregate value of grants from (during year)	**************************************	
4	Aggregate value at end of year		2
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes — No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Pa	the state of the s		), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		The state of the s
b			
C			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization during the tax
	year ▶	10000	
4	Number of states where property subject to conservation ea		_
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	onservation easements during the year
	<b>-</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	<b>&gt;</b> \$		704.144/77/7
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describe	es the organization's accounting for
De	rt III   Organizations Maintaining Collections o	Art Historical Treasures or	Other Similar Assets
Pa	Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		Other Online Addator
_	If the organization elected, as permitted under SFAS 116 (A)		tement and halance sheet works of art
18	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		statice of public service, provide, in that this,
			ent and halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, e		
		addation, or research in farmerance of	public scribe, provide the following amount
	relating to these items:		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
•	If the organization received or held works of art, historical tre	ageuree or other similar accets for finan	cial gain, provide
2	the following amounts required to be reported under SFAS 1		ona gart, provide
	5		▶ \$
8	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 201

732051 10-09-17

Schedule D (Form 990) 2017

Schedule	D (Form 990) 2017		Commerce of	the USA		0043720 Page
Part V	I Investments -	Other Securities.		141 O F 000	Dort V line 10	
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, II	ne 11b. See Form 990,	aluation: Cost or end-	of-vear market value
		OTY (including name of security)	(b) Book value	(c) Welliod of W	aldation: Gost or Grid	Or your marrier raise
				<del>_</del>		
A (A)	100		· · ·	<del>-</del>		
(3) Other				<del>-</del>		
(A)			<del> </del>		10	
<u>(B)</u>				<del></del>		-
(C)						
(D)	* **	-	<u> </u>	*	**	<del>-</del>
<u>(E)</u>				-		
(F)			<del>-</del>			
(G)			<u> </u>	<del></del>		
(H)	L /h) 000	Dort V and /D\ line 12 \		——————————————————————————————————————		S
		), Part X, col. (B) line 12.) ► Program Related.			W-72	
Part V			" Farm 000 Port IV I	ing 11g Soc Form 990	Part Y line 13	
24 2000	(a) Description of	anization answered "Yes"	(b) Book value	(c) Method of v	valuation: Cost or end	of-year market value
	(a) Description of	IIIVestillerit	(D) DOOK TAILED			
(1)						-
(2)	***		-	<del>-</del>		<del></del>
(3)						
(4)						¥
(5)			-	<del></del>		
<u>(6)</u> (7)	<u> </u>			-		****
(8)		**************************************				
(9)	*****	<u> </u>	<b>T</b>			
	l. (b) must equal Form 99	0, Part X, col. (B) line 13.)			77.00	
Part I					*	
	Complete if the org	janization answered "Yes	on Form 990, Part IV,	line 11d. See Form 990,	, Part X, line 15.	1076
A.S	<u> </u>		) Description		5. 5.0	(b) Book value
(1)						
(2)						***
(3)						
(4)	10.2				2	
(5)						
(6)	ii (iii)			-		
(7)						
(8)						
(9)			-		200	
		orm 990, Part X, col. (B) li	ine 15.)		. <u></u> ▶l	
Part >						
		ganization answered "Yes	s* on Form 990, Part IV,		m 990, Part X, line 25	•
1		escription of liability		(b) Book value	-	
(1)	Federal income taxes		ihiaa	51752260.	4	
		arial Liabil		4878103	4	
		elated organ	rzacions	23895904	4	
	Intercompany	accounting		43033304	4	
(5)			2 2		1	
(6)					1	
(7)					┪	
(8)					_	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(9)

80526267.

Management's analysis of uncertain tax positions as required under Financial Accounting Standards Board Accounting Standards Codification Topic (ASC) 740, Income Taxes, determined that the Chamber and its affiliates had no uncertain tax positions, and as such, no liability has been recorded as of December 31, 2017 or 2016. Management does not anticipate any material changes in this position in the next 12 months. The Chamber and its affiliates are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Chamber and its affiliates are no longer subject to income tax examinations for years prior to 2014.

Schedule D (Form 990) 2017

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

Chamber of Comm				53-	0045720
Part I General Info	rmation on A	Activities Ou	tside the United States. Compl	ete if the organization a	nswered "Yes" on
Form 990, Part IV				-	
			ds to substantiate the amount of its gr		
the grantees eligibility i	or the grants or	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers, Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assi	stance outside the
United States.		3	process to mornioning in o coc of m	o granio and other assi	starice outside trie
3 Activities per Region. (T	he following Part	l, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program ser	The same and the
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific of service(s) in the	investments
8		in the region	recipients located in the region)	or service(s) in the	in the region
			Fundraising and program		
South Asia	1	31	services.	Membership benefi	ts. 915431.
			l l	Membership benefi	25. 915431.
East Asia and the			Seminars and speaking	Business advocacy	in
Pacific	0	0	engagements.	East Asia.	547123.
		-			The Artifician Control of the Artifician Con
			Seminars and speaking	Business advocacy	in
Europe	0	0	engagements.	Europe.	196001.
				Later Manager and American at	
South America	0	0	TO THE PERSONAL CONTRACTOR SERVICES TO THE PERSONAL PROPERTY OF THE PER	Business advocacy	ATCHESSES
South America			engagements.	South America.	270908.
Middle East and			Seminars and speaking	Business advocacy	in the
North Africa	0		. 200 200	Middle East.	228083.
9		-1			
			Seminars and speaking	Business advocacy	in
Russia	0	0	engagements.	Russia	13089.
				***	
DESCRIPTION PRODUCT OF				Business advocacy	minimal and a second a second and a second and a second and a second and a second a
South Asia	0	0	engagements.	South Asia.	706848.
			Seminars and speaking	Business advocacy	in
North America	n		N// 2507	North America.	182471.
3 a Sub-total	1	31	3-3-000000		3059954.
b Total from continuation				-	
sheets to Part I	0	123			4298270.
c Totals (add lines 3a			****		
and 3b)	1	154			7358224.
LHA For Paperwork Reducti	ion Act Notice,	see the Instruc	tions for Form 990.	Sc	hedule F (Form 990) 2017

732071 10-06-17

Schedule F (Form 990)	Chamber	of Comme	rce of the USA	53-004572	0 Page 1
Part I Continuatio	n of Activitie	s per Region	1.(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub Saharan Africa	0	1	Seminars and speaking engagements.	Business advocacy in Sub Saharan Africa.	147021,
Central America and the Caribbean -	C	0	Seminars and speaking engagements.	Business advocacy in Central America and Carribean,	135338.
East Asia and the	C	38	Program services.	Policy analysis in East Asia.	1816239.
Europe		17	Program services.	Policy analysis in Europe.	492538.
North America		14	Program services.	Policy analysis in North	94522.
South America		0 12	Program services.	Policy analysis in South	125389.
Russia		0 1	Program services.	Policy analysis in Russia	7224.
Middle East and North Africa -		0 16	Program services.	Policy analysis in Middle East.	462402.
South Asia		0 21	Program services.	Policy analysis in South	847712.
Sub Saharan Africa		0 4	Program services.	Policy analysis in Sub Saharan Africa.	169885.
Totals		123			4298270.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a)	Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						1.5		-	
			2.5		30.0			1	
-	3344347403				7				
									3
10					***	<del>5</del>		<del></del>	
				,				-	
						:			
83 83		:		-					-
		,							
				-			-		
									16
	Enter total number of	recipient organizatio	ns listed above that are	I recognized as charities by the	foreign country	recognized as tax-e	l kempt		
	by the IRS, or for which	ch the grantee or cou	insel has provided a sec	tion 501(c)(3) equivalency lette	er		<b>.</b>	-2-	
_ 3	Enter total number of	other organizations of	or entities				<b>&gt;</b>		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of (f) Amount of (e) Manner of (d) Amount of (c) Number of noncash assistance (a) Type of grant or assistance (b) Region cash disbursement noncash recipients cash grant assistance

Sched	ule F (Form 990) 2017 Chamber of Commerce of the USA	53-0045720	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	] No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X	] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes <b>X</b>	] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X	] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	] No
		Schedule F (Form 99	0) 2017

# SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions.

Employer identification number

	of Commerce of the				53-0045	
Fundraising Activities required to complete this pa	Complete if the organization answ rt.	ered "\	es* o	n Form 990, Part IV,	line 17. Form 990-E	2 filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with pividuals or entities (fundraisers) pursi	ition of ition of I fundra I (includa profess	non-g gover aising ding o ional f	novernment grants rement grants events  fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Carol Hallett - 1615 H ST NW, Washington, DC 20062	General fundraising	Yes	No x	7800000,	599996.	7200004.
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit		utions	7800000.	599996.	7200004,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 Chamber of Commerce of the USA	53-0045720 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?  13 Indicate the percentage of gaming activity conducted in:	Yes LINO
a The organization's facility	142-1
b An outside facility	13a 9 13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:
Name >	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenu	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	ne amount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
NY	
Name	
Address >	
6 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year  \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	. IB III
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Part III, lines 9, 95, 105, 155,
100, 10, and 170, as applicable. Also provide any additional information. See instructions.	
32083 09-13-17 Sch	edule G (Form 990 or 990-EZ) 2017

Cahadula C	(Form 990 or 990-F7)	Chamber of	Commerce	of the USA		53-0045720 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
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## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Chamber of Commerce of the USA

Employer identification number 53-0045720

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel	se l	1	
	Travel for companions Payments for business use of personal residence	ce		
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees	1		
	Discretionary spending account  X Personal services (such as, maid, chauffeur, ch	ef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which if any of the fallowing the filling and indicate which the fallowing the filling and indicate which the fallowing the filling and indicate which the fallowing the filling and indicate which the fallowing the fallowing the filling and indicate which the fallowing the	-	ile .	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			전 전
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation commit	ttee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	at av		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
þ	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, and a second and a second and a second and a second and a second and a second and a second and a second and a			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA	A MENTIL SERVICE STATE CONTROL	Schedule J (Forn	n 990)	2017

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	orner deterred compensation		(a) w(c)	reported as deferred on prior Form 990
(1) mbomen T Beaching	ε	1043582	5450000	112675.	-1100.	14684.	6619841.	0
ricinas o, bononce	€ (	COCCECT	0.00010	0	0	0	0	0
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ector/Consultant	€ (	0	0	0	0	0	0.	0
ee	8	592156.	675000.	87535.	28350.	18836.	1401877.	0
ecry	€	0	0	0		0.	0.	0
(4) Stan M Harrell	ε	491271.	230000.	91936.	171100.	24294.	1008601.	0
SVP, CFO & CIO	€	0	0	0.	0.	0.	0.	0
(5) Myron Brilliant	Ξ	588670.	950000.	248005.	180900.	26763.	1994338.	0
EVP & Head Intl	3	0	0.	0.	0.	0		0
(6) Suzanne P Clark	Ξ	731216.	1250000.	330080.	68250.	34076.	241362	
Sr Exec VP	(E)	0.	0.	0.	0	0.		
(7) Shannon D DiBari	Θ	585861.	450000.	1342490.	16600.	2883.	239783	
Chief Operating Officer	3	0	0.	0.		0		
(8) Justin Waller	ε	204250.	0.	0	1118	3751.	21918	•
CMO & SVP, Ops	Ξ	0.	0.	0.		0		
(9) Agnes Warfield-Blanc	Ξ	709051.	2900000.	256945.	2835	26440.	392078	
SVP, Dev and Fund	⊞	0.	0.	0.		0.		•
(10) Thomas J Collamore	(i)	535756.	750000.	80069.	2835	29765.	_	
SVP, Comm & Strat, Cnsl & Ops	€	0	0.	0.		0.	0.	
(11) Robert J Engstrom	€	320334.	500000.	47993.	111600.	11698.	991625.	
SVP, Pol Aff & Fed Rel	€	0	0.	0.		0	0.	0
(12) Karen A Harbert	ε	513772.	.000009	69946.	28350.	25640	1237708.	
Pres & CEO, Energy Inst	<b>E</b>	0		0.		0	0	
(13) David T Hirschmann	ε	596733.	000006	222808.	188800.	3303.	1911644.	
Pres/CEO, CCMC/GIPC/C_Tec	1	• 0	0			0	0.	
(14) Randel Johnson	Ξ	294107.	255000.	371717.	1720	368	938392.	0
SVP Labor, Immigration & Emp Bens	(ii)	0	0.	0	0.	0	0	0
	(3)							
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	(ii)							
				į		ε	Sched	Schedule J (Form 990) 2017

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line la:

Charter air travel is provided to three of the executives listed; a portion

First class business travel of which is treated as taxable compensation.

Eight of the is available to the President/CEO, and designated employees.

executives listed in Part VII of the core form utilized first class travel

Travel for companions is available for business purposes at least once.

Six of the only, when companions are invited and expected to attend.

the core form utilized travel for listed in Part VII of executives

companions at least once.

the executives listed in Part Social club dues are available to seven of

VII of the core form for business use only.

in Part Chauffeur services are available to two of the executives listed

VII of the core form for business use only.

Part I, Line 3:

The Chamber of Commerce of the USA relied on its performance and

compensation committee that used the methods described in the Schedule O

Schedule J (Form 990) 2017

Part III Supplemental Information		Bull 1 4 4 0 4	4h 4a 5a 5h 6a	Ch 7 and 9 and to	Port II. Also complete th	ie part for any addi	tional information
Provide the information, explanation,	or descriptions required to	Part I, lines 1a, 1b, 3, 4a,	4b, 4c, 5a, 5b, 6a	, 60, 7, and 6, and 10	Part II. Also complete til	- any addi	
section for Part VI	Question 15a	to establish	the top	management	official's		
compensation.	14.8	- AP-		*			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,				
Part I, Lines 4a-b			<del></del>	<del>-</del>			
Severance Payment:							
Shannon Di Bari	969,231						
Randel Johnson	334,615		<u> </u>	u,			
8.	* W.			-			
Supplemental Pensic	on list:						
Shannon DiBari	308,972		-	<u> </u>			
Myron Brilliant	147,309		1.0.4			<del></del>	-
Agnes Warfield	256,945						<del></del>
David Hirschmann	222,808	500	- Att				
Suzanne Clark	147,309						
Lily Fu Claffee	87,535						
Stan Harrell	91,936_	lā.		_	= -	<u>~</u>	
Thomas Collamore	76,993						
Karen Harbert	69,946						
Robert Engstrom	47,993						
						1	Schedule J (Form 990) 201

## **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization

Chamber of Commerce of the USA

Employer identification number

		of Commer						-245	45/	<u> 40</u>		
Part I Excess Ben	efit Transac	tions (section 50	)1(c)(3), s	ection 50	1(c)(4), and 50	)1(c)(29) organization	ns only	).				
Complete if the	organization an	swered "Yes" on F	orm 990	, Part IV,	line 25a or 25b	o, or Form 990-EZ, P	art V, li	ne 40	b			
4	(b)	) Relationship bety								(d)	Corre	cted?
(a) Name of disqualified	person	person and or	ganizatio	n	10	c) Description of tran	ISaction	it.		Ye	s	No
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			20170									
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				· .		49-10-W					_	
			Leaves .									
2 Enter the amount of tax	incurred by the	e organization man	agers or	disqualifi	ed persons du	ring the year under						
								<b>&gt;</b> \$	9-			
3 Enter the amount of tax	c, if any, on line	2, above, reimburs	ed by th	e organiz	ation			<b>&gt;</b> \$				
								-				
		nterested Per										
5-0	(T)			)-EZ, Part	V, line 38a or	Form 990, Part IV, Iir	ne 26; (	or if th	e orga	anizati	on	
		90, Part X, line 5, 6		a Issae			1		Vh I An	proved	en 16	luitta n
(a) Name of	(b) Relationsh with organization		(d) Loan from th	e orin	e) Original cipal amount	(f) Balance due	(g) defa		by bo	ard or		
interested person	Willi Organizati	Orioan	organizati	OILY S	cipai amount		-		1000	nittee?		1000
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Total   Part III   Grants or A	ssistance R	enefiting Inte	rested	Person			L.	-		-		
		nswered "Yes" on										
(a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	e of	T	(e	) Purp	ose o	f
(a) Name of interested	i person	interested per		1	assistance	assistar				assist		er.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?								
				Yes	No.								
Schedule B number 50	Substantial contrib	712888.	See Part V		X								
Schedule B number 209	Substantial contrib		See Part V		Х								
Schedule B number 424	Substantial contrib		See Part V		X								
Schedule B number 468	Substantial contrib		See Part V		X								
Schedule B number 548	Substantial contrib		See Part V		X								
Schedule B number 621	Substantial contrib		See Part V		Х								
Schedule B number 683	Substantial contrib		See Part V		Х								
Schedule B number 689	Substantial contrib		See Part V		X								
Schedule B number 755	Substantial contrib	The second secon	See Part V		X								
Schedule B number 794	Substantial contrib	429030.	See Part V		X								
Part V Supplemental Information													
Provide additional information for res	sponses to questions on Schedule L (see in	nstructions).											
Provide additional information for responses to questions on Schedule L (see instructions).  Sch L, Part IV, Business Transactions Involving Interested Persons:													
(a) Name of Person: Sched	Jule B number 50	-											
	3	-	3E										
(b) Relationship Between	Interested Person and	Organizat	ion:										
Substantial contributor		N 11 - 2		V-200									
(c) Amount of Transaction	\$ 712888.	<u>.</u> .											
(d) Description of Transa	action: See Part V	Public/gov	t relations										
overseas			10 Marie 1980 1980 1970 1970										
(e) Sharing of Organizati	on Powonuog2 - No		-										
(e) Sharing of Organizaci	ton Revenues: = No												
			90.000 ta										
(a) Name of Person: Scheo	dule B number 209			1 180	····								
(b) Relationship Between	Interested Person and	Organizat	ion:										
Substantial contributor													
(c) Amount of Transaction	1 \$ 576704.												
(d) Description of Transa	action: See Part V	Audio visu	al services										
(e) Sharing of Organizati	on Revenues? = No	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7	11132-2-2									
(a) Name of Person: Sched	Jule B number 424												
		Oww.m	ion.		3033323								
(b) Relationship Between	interested Person and	organizat	ion:										
Substantial contributor													

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Chamber of Commerce of the USA

Employer identification number 53-0045720

Form 990, Part I, Line 1, Description of Organization Mission:
political, and social system based on individual freedom, incentive,
opportunity and responsibility.
Form 990, Part III, Line 4d, Other Program Services:
Recruit and retain members and coordinate member relations.
Form 990 Part V Item 1a
Number reported on 1096
Chamber of Commerce of the USA is part of a consolidated treasury
function with affiliated organizations. The Chamber of Commerce of the
USA handles these consolidated payments. The number in box 1a relates
to the 1099s that the Chamber of Commerce of the USA would have issued
without participating in a consolidated treasury function.
Form 990 Part V Item 2a
Number reported on W-3
Chamber of Commerce of the USA is part of a consolidated payroll
function with affiliated organizations. The Chamber of Commerce of
the USA handles these consolidated payments. The number in box 2a
relates to the W-2s that the Chamber of Commerce of the USA would have
issued without participating in a consolidated payroll function.
Form 990, Part VI, Section A, line 2:

USCOC\_\_1

Schedule O (Form 990 or 990 EZ) (2017)	1 ago 2
Name of the organization Chamber of Commerce of the USA	Employer identification number 53-0045720
Thomas Bell Jr is a director of Southern Company, where H	Mank Linginfelter
and Christopher C. Womack have senior leadership roles to	gether in 2017.
	300 8
Phillip R. May serves on the board of Entergy Corporation	n and Maura Donahue
is on the Entergy Louisiana Advisory Board.	
Tamara Lundgren and Robert Fatovic serve on the Ryder Sys	stems board
together.	
Suzanne Clark and Greg Lebedev have a family relationship	· ·
Form 990, Part VI, Section B, line 11b:	
In accordance with the Audit Committee charter, the draft	t Form 990 was
provided in advance to the Audit Committee members, and	reviewed
individually with each member prior to filing. The Audit	t Committee
performs this function pursuant to a delegation from the	Board of
Directors. The board receives the most recently complete	ed tax return at
the next regularly scheduled meeting.	
Form 990, Part VI, Section B, Line 12c:	
We annually notify staff of the Standards of Conduct and	Ethics policy,
which includes a requirement that any transaction or rela	ationship that is
reasonably expected to give rise to an actual or apparen	t conflict of
interest be brought to the attention of a supervisor, a	senior manager in
the Talent Solutions department or the Office of the Gen	eral Counsel. In

addition, we issue an annual written questionnaire to all members of the

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization Employer identification number Chamber of Commerce of the USA 53-0045720 board of directors asking for information on potential conflicts of interest, which is gathered by the Chief Financial Officer. All reports of potential conflicts will be evaluated by the Chief Legal Officer and

General Counsel, who serves as the Chamber's Ethics Officer, in consultation with other senior management and staff, as appropriate. Any conflicts of interest involving board members or staff are resolved in accordance with the Chamber's conflicts of interest policies.

Form 990, Part VI, Section B, Line 15:

### Part VI Question 15a

The process for determining the total compensation of the President/CEO is as follows. The President/CEO has a written employment agreement with the US Chamber. Total compensation is reviewed annually by an independent compensation consultant. The consultant prepares a compensation study primarily utilizing, as available, Form 990s and surveys of comparable organizations with similar responsibilities. Based on this information, total compensation is determined by the US Chamber's Performance and Compensation Committee on an annual basis.

#### Part VI Question 15b

The process for determining total compensation for the officers, key employees, and highly compensated employees is as follows. For five individuals, who are direct reports of the President/CEO, total compensation is reviewed annually by an independent compensation consultant. The consultant prepares a compensation study primarily utilizing, as available, Form 990s and surveys of comparable organizations with similar responsibilities. For the remaining eight individuals, this

Schedule O (Form 990 or 990-EZ) (2017)

**Employer identification number** Name of the organization 53-0045720 Chamber of Commerce of the USA consultant provides compensation information based on surveys of comparable organizations with similar positions. Based on this information, total compensation is determined by the President/CEO and the US Chamber of Commerce's Performance and Compensation Committee on an annual basis. Form 990, Part VI, Section C, Line 19: The Form 990 is made available to any member of the public who requests a copy. Any requestor is forwarded to the Administrative Director of Finance of the Chamber of Commerce of the USA, who will forward a copy of the document to the requestor. The organization's governing documents, conflict of interest policy, and financial statements are not made available to the public. Form 990, Part IV Question 12 Auditing of financial statements The US Chamber of Commerce is the parent organization in the audited consolidated financial statements of the US Chamber of Commerce. Schedule R lists additional related organizations included in these consolidated financial statements. Form 990, Part XI, line 9, Changes in Net Assets: Minimum Pension Reserve Liability Adjustment 2482744. -2160951. Minimum Post Retirement Reserve Liability Adjustment USIBC Global Private Ltd Results (Seperate foreign -7359. corporation) Total to Form 990, Part XI, Line 9 314434.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Chamber of Commerce of the USA

Employer identification number 53-0045720

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ChamberBiz - 54-1960202					
1615 H ST NW	Small business web portal		ļ		Chamber of Commerce of
Washington, DC 20062	(inactive)	District of Columbia	0.	0.	the USA
CC1 LLC - 81-3401471					
1615 H ST NW	To enhance bilateral trade				Chamber of Commerce of
Washington, DC 20062	between India and USA	Delaware	0.	. 0.	the USA
CC2 LLC - 81-3413687		a de la companya de l	5.15 (1800) 1 5.0.2		
1615 H ST NW	Holding company for Indian			a .	Chamber of Commerce of
Washington, DC 20062	Company	Delaware	0.	. 0.	the USA

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) ralled tity?
				501(c)(3))		Yes	No
US Chamber of Commerce Foundation -	Promotes understanding of				Chamber of		
46-1561597, 1615 H St NW, Washington, DC	public affairs issues				Commerce of the		
20062	affecting business	Delaware	501(c)(3)	7	USA	X	
Center for International Private Enterprise	Promotes democracy through				Chamber of		
- 52-1398742, 1155 15th St NW, Washington,	private enterprise and		is .		Commerce of the		
DC 20005	market reform.	District of Columbia	501(c)(3)	7	USA	Х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionate allocations?  Yes No K-1 (Form		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
					7						
					12	- 20					
											5) 3
					707						<u> </u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion o)(13) rolled ity?
USIBC Global Private Limited Jeevan Bharti Branch New Dehli, New Dehli, INDIA	To enhance bilateral trade between India and USA	India	CC2 LLC	C CORP	-7359.	5814.	100%	x	

#### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				AN DESCRIPTION OF PROCESS			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	<b></b>	***			Yes	No
		s with one or more re	elated organizations listed	in Parts II-IV?	5		
					1a		X
b	Gift, grant, or capital contribution to related organization(s)	***************************************			1b		Х
					1c	X	
					1d		Х
	2				1e	Х	
f	Dividends from related organization(s)				1f		х
					1g		X
100	[사용하다] [1] - [1] [1] -				1h		Х
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity  bift, grant, or capital contribution for related organization(s)  cit, grant, or capital contribution for related organization(s)  d. Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  f. Dividends from related organization(s)  g. Sale of assets to related organization(s)  p. Purchase of assets to related organization(s)  i. Exchange of assets with related organization(s)  i. Exchange of assets with related organization(s)  j. Lease of facilities, equipment, or other assets to related organization(s)  k. Lease of facilities, equipment, or other assets from related organization(s)  m. Performance of services or membership or fundraising solicitations for related organization(s)  m. Performance of services or membership or fundraising solicitations for related organization(s)  n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  s. Sharing of paid employees with related organization(s)  p. Reimbursement paid to related organization(s) for expenses  r. Other transfer of cash or property to related organization(s)  s. Other transfer of cash or property to related organization(s)  s. Other transfer of cash or property from related organization(s)  name of related organization  (a)  Name of related organization  (b)  Name of related organization  Private  Q. 1368442. Reimb for benefits costs  (c)  Amount involved method interest				X			
					1j		X
in the	Andrew Marches (Marches St. 1994)   Company of the Ministry of the Company of the						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)  n Performance of services or membership or fundraising solicitations by related organization(s)						
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)	***********************************	12203000	1m	X	
						Х	
						Х	
					71 to to	1000 St.	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
					1r		Х
					1\$		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	Transaction			volved		
(	Center for International Private		7				
(1) E	Interprise	Q	1368442.	Reimb for benefits costs	S		
		12	244061	Calculated interest			
(2) U	S Chamber of Commerce Foundation	Е	344061.	Carculated interest			
(3) T	S Chamber of Commerce Foundation	N	1900000.	Cost allocation discount	ted	33%	
as T	IS Chamber of Commerce Foundation	0	6270320.	Actual salaries & benefi	it a	110	C

Q

P

1001441. Alloc amt at 33% disc & act cost

244121. Alloc amt actual cost

(5) US Chamber of Commerce Foundation

(6) US Chamber of Commerce Foundation

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)  Name of other organization	(b) Transaction type (a-r)	(c) Amount involved				
(7) USIBC Global Private Limited	М	688079.	Purchase	of svcs	plus	9% fee
(8)						
<u>(9)</u>					_	
(10)				<del>,,</del>	-	
(11)			<u>.</u>			
(12)		4.7		7/2	-	, <u>, , , , , , , , , , , , , , , , , , ,</u>
(13)					10-2	4
		-				
(15)			,	-		
(16)						
(17)	120	<u></u>		<u></u>		<del></del>
(18)					-	
(19)	-				<del>.</del>	-
(20)		177		*	3	
(21)						
(22)				i Ali		-
		<u></u>		•		
(24)				_		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are: partners 501(c orgs Yes	) all s sec. (3) s:?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn Yes	al or paing ging er?	(k) Percentage ownership
							ū.						
		*			0.00								
											-		